

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90023 028 ***150.00

DOCUMENT # P95000008499

1. Entity Name
ULTRA BRITE, INC.



Principal Place of Business
**2090 BLACK FOOT TRAIL
SAINT CLOUD, FL 34771 US**

Mailing Address
**2090 BLACK FOOT TRAIL
SAINT CLOUD, FL 34771 US**

40056373

2. Principal Place of Business - No P.O. Box #
2086 Black Foot Trail
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



04032007 Chg-P CR2E034 (12/06)

City & State
St. Cloud, FL

City & State

4. FEI Number
59-3265521

Applied For
☐ Not Applicable

Zip
34771

Country
Oscola

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOLLOY, STEVE J
2090 BLACK FOOT TRAIL
SAINT CLOUD, FL 34771**

Name

Street Address (P.O. Box Number is Not Acceptable)
2086 Black Foot Trail

City
St. Cloud

FL

Zip Code
34771

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

4/3/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MOLLOY, STEVE J**
STREET ADDRESS **2090 BLACK FOOT TRAIL**
CITY-ST-ZIP **SAINT CLOUD, FL 34771**

TITLE ☐ Change ☐ Addition
NAME **2086 Black Foot Trail**
STREET ADDRESS **St. Cloud, FL 34771**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN MOLLOY

4/3/07

Date

Daytime Phone #

4077915398