2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 17, 2008 08:00 Al Secretary of State DOCUMENT # P95000093680 1. Entity Name UNIVERSAL TELECOMMUNICATIONS INC. Principal Place of Business Mailing Address 811 E. HILLSBORO BLVD. 811 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Pencipal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0633788 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERVIS, MERVYN M Street Address (P.O. Box Number is Not Acceptable) 811 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 Zip Code City 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 barrier of registered baset and the ill approache. (NOTE: Registered Agent a genturn required when reimstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ππε ☐ Change ☐ Addition Derete MANE GERVIS, MERVYN M NAME 811 E. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP 04/30/08-80040-0미국 대교망·0단 Addition TITLE **VPS** De ete NAME LIBERTY, PHILIP A STREET ADDRESS 811 E. HILLSBORO BLVD STREET ADDRESS CHY-SI-ZIP DEERFIELD BEACH FL 33441 CITY-ST ZIP HILE ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete Change Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De'ete Change TITLE TITLE Addition . MAII: NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition TOTALE De ete ☐ Change TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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 requirement with an engineer of the 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 altagrament with an address, with all other like empowered.

NAME

STREET ADDRESS CITY+ST+ZIP

SIGNATURE:

NAME

STREET ADDRESS

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4/4/08

954-571-9900.