


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90014 046 ***150.00

DOCUMENT # 1. Entity Name UNIVERSAL AIRE INC P910000006498	
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DO NOT WRITE IN THIS SPACE

60023755

2. Principal Place of Business - No P.O. Box # 6732-67th LANE NO Suite, Apt. #, etc.	3. Mailing Address 6732-67th LANE NO Suite, Apt. #, etc.
City & State PINELLAS PARK, FL Zip 33781 Country USA	City & State PINELLAS PARK, FL Zip 33781 Country USA

4. FEI Number 59-3355849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name GODDARD, FRANK W	
Street Address (P.O. Box Number is Not Acceptable) 2959-1ST AVENUE NORTH	
City ST PETERSBURG FL	Zip Code 33713

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSZKA, DANIEL 6732-67TH LANE NORTH PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOSZKA, DIANNE 6732-67TH LANE NORTH PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAMPER, DANNY 4800-164TH AVENUE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 supplement thereto 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 on an attachment with an address, with all other information provided.

SIGNATURE: Dianne Soszka 4-16-08 727-545-2408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #