2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 08:00 AM

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DOCUMENT # P96000023275 1. Entity Name U.V. PROPERTIES, INC.					56	ecretary	oi Sta
1180 PONCE DE LEON BLVD 1 STE 201 S		illing Address 180 PONCE DE LEON BLVD TE 201 LEARWATER, FL 33756 US					
DO NOT WRITE IN THIS SPA			CE	. 04272007 No Chg-P CR2E034 (11/05) 4. FEI Number			
<u> </u>	6. Name and Address of Current Regi	stered Agent					
	LT, KENNETH G JR. MERTON ROAD	DO NOT WRITE IN THIS SPACE					
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) DATE Control of Florida. I am familiar with, and accept the obligations of registered agent.							
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	- - +-,,		05/23/07-0	757795 80087-002	150.00
10. OFFICERS AND DIRECTORS				······		······································	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D VELTMAN, DAVID M TR 1180 PONCE DE LEON BLVD STE 2 CLEARWATER, FL 33756	201					
STREET ADDRESS CITY-ST-ZIP			5				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DO NOT WRITE IN THIS SPACE					
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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS City-ST-ZIP