

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059081

Entity Name: UNIVERSAL CENTRE, INC.

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

460 CASSADAGA ROAD
POST OFFICE BOX 296
CASSADAGA, FL 32706

New Principal Place of Business:

Current Mailing Address:

460 CASSADAGA ROAD
POST OFFICE BOX 296
CASSADAGA, FL 32706

New Mailing Address:

FEI Number: 59-3391012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEKUNNA, E M
200 N. LEAVITT AVENUE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

SEKUNNA, E M
460 CASSADAGA RD.
P.O. BOX 296
CASSADAGA, FL 32706 US

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.

SIGNATURE:

08/31/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEKUNNA, E M
Address: 460 CASSADAGA ROAD
City-St-Zip: CASSADAGA, FL 32706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEKUNNA, E M
Address: 460 CASSADAGA ROAD
City-St-Zip: CASSADAGA, FL 32706

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. M. SEKUNNA

P

08/31/2005

Electronic Signature of Signing Officer or Director

Date