2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090956

Entity Name: ULLRICH, INC.

Address:

City-St-Zip:

835 WHITROCK LANE

FORT WALTON BEACH, FL 32547 US

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 318 RACETRACK ROAD NW FORT WALTON BEACH, FL 32547 US **Current Mailing Address: New Mailing Address:** 318 RACETRACK ROAD NW FORT WALTON BEACH, FL 32547 US FEI Number: 59-3410901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HELMICH, KEVIN M ESQUIRE 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL 32541 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ULLRICH, RICHARD E Name: Name: 314 BROOKS STREET SE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: ULLRICH, PAMELA L Name: 314 BROOKS STREET SE Address: Address: FORT WALTON BEACH, FL 32548 US City-St-Zip: City-St-Zip: Title: Title: VPD () Delete () Change () Addition ULLRICH, CHADWICK D Name: Name: 1892 GREYSTONE LN Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 US City-St-Zip: Title: () Delete Title: () Change () Addition ULLRICH, JOSHUA F Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: RICHARD E. ULLRICH PD 04/29/2009