

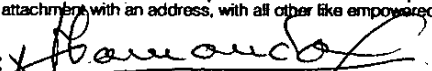


05-02-2005 90510 007 \*\*\*150.00

<b>DOCUMENT # P97000043215</b> 1. Entity Name <b>UNIVERSEL TECHNOLOGIES/UNITEC, INC.</b>				<b>Secretary of State</b> 05-02-2005 90510 007 ***150.00	
Principal Place of Business <b>147 W MARION AVE PUNTA GORDA, FL 33950</b>		Mailing Address <b>PO BOX 510637 PUNTA GORDA, FL 33951</b>			
2. Principal Place of Business <b>27377 Mooney Ave</b> Suite, Apt. #, etc. <b>Bld 117</b> City & State		3. Mailing Address Suite, Apt. #, etc. City & State		 <b>01042005 Chg-P CR2E034 (10/03)</b>	
Zip <b>33982</b>		Country		4. FEI Number <b>65-0758036</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>HAMOUDA, DANIELLE 147 W. MARION AVE PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>27377 Mooney Ave</b> <b>Bld 117</b> City <b>FL</b> Zip Code <b>33982</b>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST HAMOUDA, SANDRA 1670 VIA BIANCA PUNTA GORDA, FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>27377 Mooney Ave Bld 117 33982</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P HAMOUDA, DANIELLE 147 W. MARION AVE PUNTA GORDA, FL 33950</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>27377 Mooney Ave Bld 117 33982</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP HAMOUDA, LOUIS 147 W. MARION AVE PUNTA GORDA, FL 33950</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>27377 Mooney Ave Bld 117 33982</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <b>DANIELLE HAMOUDA 4/27/05 941-833-0018</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					