2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000043215

1. Entity Name
UNIVERSEL TECHNOLOGIES/UNITEC, INC.

Principal Place of Business	Mailing Address
27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982	P O BOX 510637 PUNTA GORDA, FL 33951

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0758036
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMOUDA, DANIELLE
27377 MOONEY AVE
PUNTA GORDA, FL 33982

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	HAMOUDA, SANDRA
STREET ADDRESS	27377 MOONEY AVE BLD 117
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	P
NAME	HAMOUDA, DANIELLE
STREET ADDRESS	27377 MOONEY AVE BLD 117
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	VP
NAME	HAMOUDA, LOUIS
STREET ADDRESS	27377 MOONEY AVE BLD 117
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80092-016 150.00

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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 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: HAMOUDA Louis Apr 6th 2006.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #