

**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.	
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Principal Place of Business 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982	Mailing Address P O BOX 510637 PUNTA GORDA, FL 33951
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0758036	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMOUDA, DANIELLE 27377 MOONEY AVE PUNTA GORDA, FL 33982

**DO NOT WRITE
IN THIS SPACE**

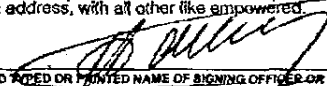
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HAMOUDA, SANDRA 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAMOUDA, DANIELLE 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAMOUDA, LOUIS 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000502413
04/25/06-80092-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date HA10UDDA Louis Apr 11th 2006 Daytime Phone #
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