


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2007 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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01032007 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000695129
04/17/07-80050-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMOUDA, SANDRA 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMOUDA, DANIELLE 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMOUDA, LOUIS 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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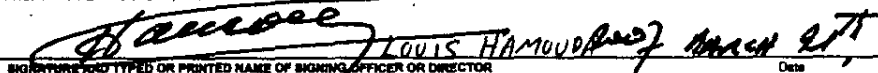
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 833 098