

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046707

FILED  
May 04, 2007  
Secretary of State

Entity Name: UNIVERSAL MICROWAVE CORPORATION

## Current Principal Place of Business:

2339 DESTINY WAY  
ODESSA, FL 33556

## New Principal Place of Business:

6036 NATURE COAST BLVD  
BROOKSVILLE, FL 34602

## Current Mailing Address:

2339 DESTINY WAY  
ODESSA, FL 33556

## New Mailing Address:

6036 NATURE COAST BLVD  
BROOKSVILLE, FL 34602

FEI Number: 65-0843690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYLE, LISA R  
28544 BAYHEAD RD  
DADE CITY, FL 33523 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: LYLE, DAVID G  
Address: 28544 BAYHEAD RD  
City-St-Zip: DADE CITY, FL 34655

Title: V ( ) Delete  
Name: LYLE, MARK J  
Address: 8448 MILLWOOD DR  
City-St-Zip: HUDSON, FL 34667

Title: S/T ( ) Delete  
Name: LYLE, LISA R  
Address: 28544 BAYHEAD RD  
City-St-Zip: DADE CITY, FL 33523

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LISA LYLE

VP

05/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date