


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90089 007 ***150.00

DOCUMENT # P98000051733 1. Entity Name UVA TECHNOLOGIES, INC.	
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Principal Place of Business 9904-120TH COURT SEMINOLE, FL 33772	Mailing Address 9904-120TH COURT SEMINOLE, FL 33772
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DO NOT WRITE IN THIS SPACE

4012507



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3509557	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 LEWIS, WILLIAM L C/O TABS 7601 ML KING ST. N.#B ST. PETERSBURG, FL 33702
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**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 translating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, WILLIAM L 9904-120TH CT. SEMINOLE, FL 33772
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____ Daytime Phone #: _____

ATTACHMENT

T.A.B.S.

TAXES • ACCOUNTING •

BOOKKEEPING SERVICES

40125043

Shirley A. Tyler • ENROLLED AGENT
CAM, ATA, ATP

(727) 528-8633
(727) 528-8533
FAX (727) 528-8644

July 9, 2007

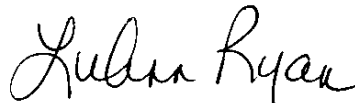
FL Dept. of State
Division of Corporations

RE: UVA Technologies, Inc.
Document # P98000051733

To Whom It May Concern:

Our client named above just received the intent to dissolve notice from your office. We are enclosing a copy of the signed form and check in the amount of \$150.00 to replace the check and form that are missing. We are asking for an abatement of the penalties. Thank you in advance for your help in this matter. If you have any questions, please do not hesitate to call.

Sincerely,



LuAnn Ryan,
Office Manager,
T.A.B.S.