

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011149

FILED
May 01, 2006
Secretary of State

Entity Name: UTILITY SEALING SERVICES, INC.

Current Principal Place of Business:

752 COMMERCE DRIVE, SUITE 15
SARASOTA BUSINESS CENTER
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

752 COMMERCE DRIVE, SUITE 15
SARASOTA BUSINESS CENTER
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 65-0891727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERLIE, LUCY
752 COMMERCE DRIVE, SUITE 15
SARASOTA BUSINESS CENTER
VENICE, FL 34292 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERLIE, LUCY
Address: 752 COMMERCE DRIVE, SUITE 15
City-St-Zip: VENICE, FL 34292 US

Title: V () Delete
Name: BOHNSACK, HOWARD
Address: 752 COMMERCE DRIVE, SUITE 15
City-St-Zip: VENICE, FL 34292 US

Title: VP () Delete
Name: WANDER, LLOYD J
Address: 752 COMMERCE DR SUITE 15
City-St-Zip: VENICE, FL 34292

Title: VP () Delete
Name: ULWELLING, RAY J
Address: 752 COMMERCE DR SUITE 15
City-St-Zip: VENICE, FL 34292

Title: TS () Delete
Name: SCHAEFER, MARK K
Address: 752 COMMERCE DR SUITE 15
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDERLIE, LUCY
Address: 752 COMMERCE DRIVE, SUITE 15
City-St-Zip: VENICE, FL 34292 US

Title: VP (X) Change () Addition
Name: BOHNSACK, HOWARD
Address: 752 COMMERCE DRIVE, SUITE 15
City-St-Zip: VENICE, FL 34292 US

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 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: MARK SCHAEFER

TS

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date