2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011159

752 COMMERCE DR STE 15

VENICE, FL 34292

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

Entity Nar	me: UTILIT	'IY SEALING SYSTEN	MS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
		STE 15 SS CENTER					
Current Mailing Address:				New Mailing Address:			
		STE 15 SS CENTER					
FEI Number:	65-0915486	FEI Number Applie	ed For () FEI Nur	nber Not Appli	icable ()	Certificate of S	tatus Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SARASOT	MERCE DR	SS CENTER					
	named ent e of Florida.	ity submits this statem	nent for the purpose c	of changing it	s registere	d office or registe	red agent, or both,
SIGNATUR	RE:						
	Elect	ronic Signature of Re	gistered Agent			Date	
		'.193(2)(b), F.S., the corp cing Trust Fund Contribu		the prior notice	е.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO WANDER, I 752 COMM VENICE, FL	ERCE DR STE 15		Title: Name: Address: City-St-Zip:		() Change() Addi	tion
Title: Name: Address: City-St-Zip:	P ULWELLING 752 COMM VENICE, FL	ERCE DR STE 15		Title: Name: Address: City-St-Zip:	PRES ULWELLING 752 COMMI VENICE, FL	ERCE DR STE 15	ition
Title: Name: Address: City-St-Zip:	TS SCHAEFER 752 COMM VENICE, FL	ERCE DR STE 15		Title: Name: Address: City-St-Zip:		() Change () Addi	tion
Title: Name:	V ANDERLIE,	() Delete LUCY		Title: Name:	VP ANDERLIE.	(X) Change () Addi	ition

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.

Address:

City-St-Zip:

SIGNATURE: MARK K SCHAEFER TS 05/01/2006

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