


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000065216

1. Entity Name
 UK CONNECTION, INC.



Principal Place of Business Mailing Address
 2430 E. ROBINSON ST. 2430 E. ROBINSON ST.
 ORLANDO FL 32803 ORLANDO FL 32803

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

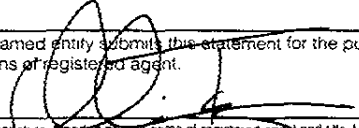
6. Name and Address of Current Registered Agent

MATTHEW, TZEN
 2472 OAK MILL DRIVE
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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  DATE 01-26-04

Signature, typed or stamped 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

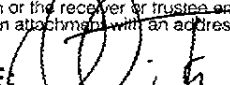
TITLE	PD	<input type="checkbox"/> Delete
NAME	MATTHEW, TZEN	
STREET ADDRESS	2472 OAK MILL DRIVE	
CITY - ST - ZIP	KISSIMMEE FL 34744	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	TZEN, JOAN	
STREET ADDRESS	2732 HERONS LANDING DRIVE	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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U000000019193
 01/29/04-80015-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 01-26-04 407-897-3538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #