

FILED
Feb 16, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000111466	
1. Entity Name UNIVERSITY BODY REPAIRS, INC.	



Principal Place of Business 1138 E. FLETCHER AVE. TAMPA, FL 33612	Mailing Address 1138 E. FLETCHER AVE. TAMPA, FL 33612
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3618119	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 FOSTER, BEN 1138 E. FLETCHER AVE. TAMPA, FL 33612	
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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 Ben Foster DATE 2/14/06

Signature, typed or printed name of registered agent and fee if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FOSTER, BEN 1138 E. FLETCHER AVE. TAMPA, FL 33612
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Ben Foster DATE 2/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR