


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**


01-28-2005 90038 029 \*\*\*150.00

<b>DOCUMENT # S26899</b>	
<b>1. Entity Name</b> ULLIAN MOTOR SALES, INC.	

<b>Principal Place of Business</b> 5257 FOUNTAINS DRIVE S. #301 LAKE WORTH FL 33467	<b>Mailing Address</b> 5257 FOUNTAINS DRIVE S. #301 LAKE WORTH FL 33467
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00003066



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 04-1919340	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  LAZARUS, RALPH 5257 FOUNTAINS DRIVE SOUTH UNIT 301 LAKE WORTH FL 33467
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<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	LAZARUS, RALPH
STREET ADDRESS	5257 FOUNTAINS DR S 301
CITY-ST-ZIP	LAKE WORTH FL
TITLE	S <input type="checkbox"/> Delete
NAME	LAZARUS, BARBARA U.
STREET ADDRESS	5257 FOUNTAINS DR S 301
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> Delete
NAME	LAZARUS, NORMAN F.
STREET ADDRESS	90 HIGH ROCK TERRACE
CITY-ST-ZIP	NEWTON MA
TITLE	D <input type="checkbox"/> Delete
NAME	LAZARUS, SAMUEL
STREET ADDRESS	1119 WALNUT ST.
CITY-ST-ZIP	NEWTON MA
TITLE	D <input type="checkbox"/> Delete
NAME	LAZARUS, ROBERT U.
STREET ADDRESS	59 CLAPP ST.
CITY-ST-ZIP	STOUGHTON MA
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	250 HAMMOND ST. PO BOX 610103
CITY-ST-ZIP	NEWTON, MA. 02461
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Ralph Lazarus* **RALPH LAZARUS** 1-24-05 **561-967-8929**

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