


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90171 033 ***150.00

DOCUMENT # V33296			
1. Entity Name ULTIMATE PROPERTY MANAGEMENT, INC.			
Principal Place of Business 190 SE 5TH AVE DELRAY BEACH, FL 33483 US		Mailing Address 190 SE 5TH AVE DELRAY BEACH, FL 33483 US	
2. Principal Place of Business 1200 N.W. 17 TH AVE. Suite, Apt. #, etc. # 8		3. Mailing Address 1200 N.W. 17 TH AVE. Suite, Apt. #, etc. # 8	
City & State DELRAY BEACH, FL.		City & State DELRAY BEACH, FL.	
Zip 33445 Country USA		Zip 33445 Country USA	
4. FEI Number 65-0329656		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 ADELSON, DIANE S. 190 SE 5TH AVENUE DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name DIANE S. ADELSON Street Address (P.O. Box Number is Not Acceptable) 1200 N.W. 17 TH AVE. STE. 8 City DELRAY BEACH FL Zip Code 33445	
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: <i>Diane S. Adelson</i> DIANE S. ADELSON 04-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ADELSON, DIANE S 190 SE 5TH AVENUE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DIANE S. ADELSON 10465 GOLD LEAF DRIVE BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Diane S. Adelson</i> DIANE S. ADELSON		Date 04-26-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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