


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90082 015 \*\*\*150.00

**DOCUMENT # V33296**

1. Entity Name  
 ULTIMATE PROPERTY MANAGEMENT, INC.




Principal Place of Business  
 1200 NW 17TH AVE  
 SUITE 8  
 DELRAY BEACH, FL 33445 US

Mailing Address  
 1200 NW 17TH AVE  
 SUITE 8  
 DELRAY BEACH, FL 33445 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt #, etc

3. Mailing Address  
 Suite, Apt #, etc.

City & State  
 Zip Country



01242007 Chg-P CR2E034 (12/06)

4. FEI Number  
 65-0329656  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ADELSON, DIANE S  
 1200 NW 17TH AVE  
 SUITE 8  
 DELRAY BEACH, FL 33445

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 10465 GOLD LEAF DR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** *Diane S. Adelson* **DIANE S. ADELSON** 01-25-07 561-272-1600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #