


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 May 01, 2006 08:00 AM
 Secretary of State

DOCUMENT # V37402
 1. Entity Name
U-GEM INCORPORATED



Principal Place of Business Mailing Address
504 AUSTIN DR **504 AUSTIN DR**
TARPON SPRINGS, FL 34689 US **TARPON SPRINGS, FL 34689 US**

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2034 (11/05)

4. FEI Number 69-3355311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$4.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUIJNE, LIDO
504 AUSTIN DRIVE
TARPON SPRINGS, FL 34689

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires a seal containing)

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	000000555799 05/16/06-80048-004 150.00
--	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUIJNE, LIDO K 504 AUSTIN DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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 partner, or trustee, or authorized representative of any of the above; that I signed at, require by, Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Lido K. Duijne** 4/24-2006 727-9344940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Signature Trace 1