


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90049 004 \*\*\*150.00

<b>DOCUMENT # 626962</b> 1. Entity Name <b>UNICOMP CORPORATION OF AMERICA</b>			
Principal Place of Business <b>3701 NW 126TH AVE CORAL SPRINGS, FL 33065</b>		Mailing Address <b>3701 NW 126TH AVE CORAL SPRINGS, FL 33065</b>	
2. Principal Place of Business - No P.O. Box # <b>9600 W. Sample Road</b>		3. Mailing Address <b>9600 W. Sample Road</b>	
Suite, Apt. #, etc. <b>Suite 507</b>		Suite, Apt. #, etc. <b>Coral Springs FL</b>	
City & State <b>Coral Springs FL</b>		City & State <b>Coral Springs FL</b>	
Zip <b>33065</b>		Zip <b>33065</b>	
Country 		Country 	
4. FEI Number <b>59-1921183</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KAPLAN, MARTIN UNICOMP CORP. OF AMERICA 3701 NW 126TH AVE CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>KAPLAN, MARTIN UNICOMP</b> Street Address (P.O. Box Number is Not Acceptable) <b>9600 W. Sample Rd - #507</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/11/07</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	NAME <b>KAPLAN, MARTIN</b>	TITLE 	NAME 
STREET ADDRESS <b>1030 NW 117TH AVE</b>	CITY-ST-ZIP <b>CORAL SPRINGS, FL</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>VPD</b>	NAME <b>KAPLAN, ANDREW</b>	TITLE 	NAME 
STREET ADDRESS <b>9823 NW 53 CT</b>	CITY-ST-ZIP <b>CORAL SPRINGS, FL</b>	STREET ADDRESS <b>11037 NW 61st Ct.</b>	CITY-ST-ZIP <b>Portland, FL 33076</b>
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
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: <b>Walter J. Kaplan President</b>		Date <b>4/11/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>954-755-1710</b>	

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