

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002064

1. Entity Name
 UNITED AMERICAN TECHNOLOGY, INC.



Principal Place of Business
 900 N.E. 63RD STREET, SUITE 100
 OKLAHOMA CITY, OK 73105

Mailing Address
 900 N.E. 63RD STREET, SUITE 100
 OKLAHOMA CITY, OK 73105



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0611780 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE, FL 32301

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
 4-8-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BACHMAN, JOHN 900 N.E. 63RD STREET, SUITE 100 OKLAHOMA CITY, OK 73105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANDERSON, TOM 900 N.E. 63RD STREET, SUITE 100 OKLAHOMA CITY, OK 73105
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 04/30/05-R0026-014 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Anderson
Date

4-8-05
Daytime Phone #

405-418-0340