2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 18, 2005 08:00 AM **DOCUMENT # F80584 Secretary of State** 1. Entity Name UNITED MARKETING, INC. Principal Place of Business Mailing Address 7003 N. WATERWAY STE 203 7003 N. WATERWAY STE 203 MIAMI, FL 33155 MIAMI, FL 33155 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2202782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent GOMEZ, BARBARA M DO NOT WRITE 7003 N. WATERWAY, SUITE 203 MIAMI, FL 33155 IN THIS SPACE 2. 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTS TITLE GOMEZ, BARBARA M NAME UD0000184247 STREET ADDRESS 7003 N. WATERWAY, SUITE 203 01/20/05-80015-004 158.75 CITY-ST-7/P MIAMI, FL 33155 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP