2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Applied For

\$8.75 Additional

Not Applicable

DOCUMENT # 1. Entity Name UCC GROUP INC.	F9400000487	
Principal Place of Business 7380 SAND LAKE ROAD SUITE 500 ORLANDO, FL 32819 US	Mailing Address 262 GALAXY BLVD. ETIBICOKE, ONTARIO M9W 5RE CANADA, XX	3

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

8. The above named entity submits this statement f the obligations of registered agent

PLANTATION, FL 33324

changed, or on an attachment with an address

SIGNATURE:

SIGNATURE.

10.

TITLE

NAME STREET ADDRESS

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

No Chg-P

				o. Odiniodia	Fee Required
	6. Name and Address of Current Regis	tered Agent			A CONTRACTOR OF THE CONTRACTOR
T CORPORATION SYSTEM 200 SOUTH PINE ISLAND ROAD ANTATION, FL 33324			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement for the plons of registered agent	urpose of changing its registere	ad office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, 6-ped or printed name of registered agent and little if applicable (NOTE Registere		ad Agent signature required when reinstating) DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
	OFFICERS AND DIREC	TORS]		The state of the s
.E Me EET ADORESS Y-ST-ZIP	PDS DIPAOLO PAT 262 GALAXY BLVD TORONTO, ON M9W5R		· · · · · · · · · · · · · · · · · · ·		
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LE Me Jeet Aodress Y-St-Zip			<u></u>	DO	NOT WRITE
LE Me Leet address Y-St-Zip				IN 7	THIS SPACE
LE ME LEET ADDRESS Y-ST-ZIP				to State week summation	maticales, colonies I - Alexandra -
E ME					

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 if

e empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04152005

4. FEI Number

51-0352949