

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117098

FILED
Aug 03, 2006
Secretary of State

Entity Name: UNITED INTERNATIONAL MORTGAGE CORPORATION

Current Principal Place of Business:

400 SMITHTOWN ROAD, SUITE 100
SUWANEE, GA 30024

New Principal Place of Business:

3 EAST MAIN STREET
BUFORD, GA 30518

Current Mailing Address:

400 SMITHTOWN ROAD, SUITE 100
SUWANEE, GA 30024

New Mailing Address:

3 EAST MAIN STREET
BUFORD, GA 30518

FEI Number: 59-3697169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, AMY
Address: 2770 GRAVEL SPRINGS ROAD
City-St-Zip: BUFORD, GA 30519

Title: VP () Delete
Name: LONG, LAURIE
Address: 883 CAMBRON COMMONS DRIVE
City-St-Zip: SUWANNEE, GA 30024

Title: VCOO () Delete
Name: HODGES, DOUGLAS E
Address: 2645 PEACHTREE WALK
City-St-Zip: DULUTH, GA 30096

Title: V () Delete
Name: PRUITT, CARL C
Address: 4895 PURITAN DRIVE
City-St-Zip: SUGAR HILL, GA 30518

Title: ST () Delete
Name: BROWN, CHRISTOPHER W
Address: 4025 INMAN PARK LANE
City-St-Zip: BUFORD, GA 30519

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LONG, LAURIE
Address: 883 CAMBRON COMMONS DRIVE
City-St-Zip: SUWANNEE, GA 30024

Title: V (X) Change () Addition
Name: WILLIAMS, KEVIN R
Address: 2615 OLD IVY COURT
City-St-Zip: BUFORD, GA 30519

Title: V (X) Change () Addition
Name: WILLIAMS, DUSTIN C
Address: 1827 FORT RIVER WAY
City-St-Zip: DACULA, GA 30019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUSTIN C WILLIAMS

V

08/03/2006

Electronic Signature of Signing Officer or Director

_____ Date