

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044934

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNITED HOLDINGS GROUP, INC.

Current Principal Place of Business:

6451 N FEDERAL HWY 12TH FL
STE 1200
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6451 N FEDERAL HWY 12TH FL
STE 1200
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1098728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARITZ, NEIL S ESQ.
107 BROKEN SOUND PARKWAY NW STE 102
BOCA RATON, FL 33487 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: CEO () Delete
Name: RADZIKOWSKI, DEREK
Address: 3700 S. OCEAN BLVD. #304
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: SEC () Delete
Name: LANDOLFI, KIM E MS.
Address: 8068 ROSE MARIE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DEREK RADZIKOWSKI

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date