

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90006 034 \*\*\*150.00

<b>DOCUMENT # P05000081711</b> 1. Entity Name <b>UNITED CAREFUL MOVERS INC.</b>					
Principal Place of Business <b>7400 WEST OAKLAND PRK. LOT 116 SUNRISE, FL 33322 US</b>			Mailing Address <b>7400 WEST OAKLAND PRK. LOT 116 SUNRISE, FL 33322 US</b>		
2. Principal Place of Business		3. Mailing Address <b>81 SW 91st Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Apt 101</b>			
City & State 		City & State <b>Plantation FL</b>			
Zip 	Country 	Zip <b>33324</b>	Country <b>US</b>	4. FEI Number <b>27-0125037</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILLIAMSON, RAPHAEL 2571 ARAGON BLVD. 112 SUNRISE, FL 33322</b>			7. Name and Address of New Registered Agent Name <b>Williamson, Raphael</b> Street Address (P.O. Box Number is Not Acceptable) <b>81 SW 91st Ave</b> <b>Apt 101</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>		
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 <u><i>Raphael Williamson</i></u> DATE <b>7-20-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMSON, RAPHAEL 2571 ARAGON BLVD. SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Williamson, Raphael 81 SW 91st Ave Apt 101 Plantation FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u><i>Raphael Williamson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRES <b>7-20-06</b> <b>954-687-6023</b> <small>Date Daytime Phone #</small>		