

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000041699**  
 1. Corporation Name  
**United America Finance Corp.**

Principal Place of Business Mailing Address **SAME**  
**7611 S. Orange Blossom Trail**  
**#339**  
**Orlando, FL 32809**

**FILED**  
 NOV -8 AM 9:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>5/98</b>	4. FEI Number <b>943300181</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 <b>7611 S. Orange Bl. Tr.</b>	26 <b>SAME</b>
Suite, Apt. #, etc. 22 <b>#339</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Orlando, Florida</b>	City & State 28
Zip 24 <b>32809</b>	Country 25 <b>USA</b>
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent  
**Shirley Knight**  
**7611 S. Orange Blossom Trail**  
**#339**  
**Orlando, FL 32809**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE *Shirley Knight* DATE **11/9/99**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>President</b>
STREET ADDRESS	<b>Shirley Knight</b>
CITY-ST-ZIP	<b>7611 S. Orange Blossom Trail</b>
	<b>Orlando, FL 32809</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CEO</b>
1.3 STREET ADDRESS	<b>Michael Brooks</b>
1.4 CITY-ST-ZIP	<b>7611 S. Orange Blossom Trail, #339</b>
	<b>Orlando, FL 32809</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Secretary</b>
2.3 STREET ADDRESS	<b>Lewis Allen</b>
2.4 CITY-ST-ZIP	<b>7611 S. Orange Blossom Trail, #339</b>
	<b>Orlando, FL 32809</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>100003046301--1</b>
3.4 CITY-ST-ZIP	<b>-11/16/99--01093--015</b>
	<b>*****150.00 *****150.00</b>
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	<b>100003046301--1</b>
4.4 CITY-ST-ZIP	<b>-11/16/99--01093--015</b>
	<b>*****8.75 *****8.75</b>
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shirley Knight* DATE **11/9/99** 800-578-0511

CR2E034 (5/99)

# UNITED AMERICA FINANCE CORP.

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November 9, 1999

Kathy Dembinski  
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

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Dear Ms. Dembinski:

Pursuant to our conversation and that with your department, I am forwarding our Annual Report along with a check for the filing fee of \$150. As discussed, we were not aware of the requirement of filing this report and as we have moved our offices, did not receive any notification as such. We are aware that our corporation status is dissolved and appreciate you waiving the penalty fee in this one instance to reinstate our corporation. Our new address is indicated on the annual report.

I have also enclosed a check for \$8.75 for a Certificate of Good Standing along with a federal express return envelope to help expedite our request. We have already filled in the return address information.

Again, thank you for your prompt attention to this matter.

Sincerely,



Shirley Knight  
President