

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000049349

1. Entity Name
UNIPOWER CORPORATION



Principal Place of Business
**3900 CORAL RIDGE DR.
CORAL SPRINGS, FL 33065**

Mailing Address
**3900 CORAL RIDGE DR.
CORAL SPRINGS, FL 33065**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0080704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000597037
01/24/07-80020-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PALMER, CHARLES 312 S.E. 17TH STREET, STE. 300 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERINO, JOSE 3900 CORAL RIDGE DR. CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEITES, RAYMOND 312 S.E. 17TH STREET, STE. 300 FT. LAUDERDALE, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGONIA, R. DAVID 125 S. LASALLE STREET, STE. 4000 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERWOOD, ROBERT 125 S. LASALLE STREET, STE. 4000 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, EDWARD 3900 CORAL RIDGE DR. CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07 596-2442