


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90005 001 ***150.00

DOCUMENT # 193121	
1. Entity Name UNITED REALTY PROPERTY MANAGEMENT, INC.	

Principal Place of Business 685 QLD TREE LINE TRIAL DELAND, FL 32724 US	Mailing Address 685 OLD TREE LINE TRAIL DELAND, FL 32724 US
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03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0773906	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 HOWE, RONALD 685 OLD TREE LINE TRAIL DELAND, FL 32724
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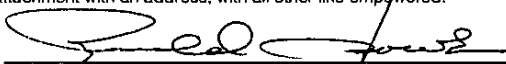
DO NOT WRITE IN THIS SPACE

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWE, RONALD H 685 OLD TREE LINE TRAIL DELAND FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOWE, PAULA J 685 OLD TREE LINE TRAIL DELAND FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATERS, KAREN 155 W BLUE SPRINGS P.O. Box 297 ORANGE CITY, FL 32763 Cassadaga FL 32706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: 	3/28/05	386-736-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #