

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 337367

1. Entity Name
 UNITED BUSINESS SYSTEMS CO., INC.



Principal Place of Business

4180 ST JOHNS PKWY
 STE 1004
 SANFORD, FL 32771 US

Mailing Address

4180 ST JOHNS PKWY
 STE 1004
 SANFORD, FL 32771 US



03162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1224726	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

PALUMBO, DOLORES K
 4180 ST. JOHNS PKWY.
 STE. 1004
 SANFORD, FL 32771

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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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUMBO, CONRAD C 4180 ST. JOHNS PKWY., STE. 1004 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, DAN 3109 W. HALLANDALE BCH BLVD., #101 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PALUMBO, DOLORES K 4180 ST JOHNS PKWY STE 1004 SANFORD, FL 32771
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 04/05/07-80036-009 158.75

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: *D. Palumbo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

407-328-0688

Daytime Phone #