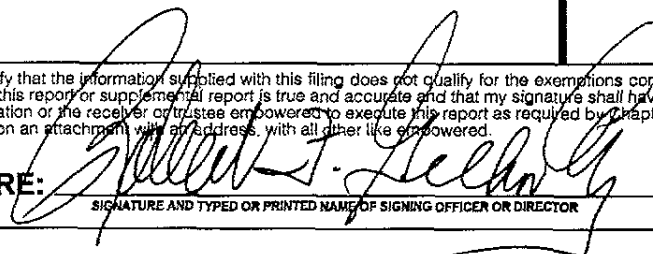


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 486314 1. Entity Name UNITED CORPORATE SERVICES, INC.		
Principal Place of Business 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156		Mailing Address 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KUKER, HOWARD L ESQ. 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000383180 01/12/06-80042-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BARR, MICHAEL A 10 BANK ST., STE. 560 WHITE PLAINS, NY 10606	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, MICHAEL A 10 BANK ST, STE 560 WHITE PLAINS, NY 10606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISCHETTI, MARIA R. 10 BANK ST, STE 560 WHITE PLAINS, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILHOOLEY, ROBERT F 10 BANK ST., SUITE 560 WHITE PLAINS, NY 10606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		1/9/06 914-949-9188 Date Daytime Phone #