2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 527202

Address:

701 BRICKELL AVE #1300

City-St-Zip: MIAMI, FL 33131 US

Entity Name: UNITED TRUST FUND, INC

FILED Mar 13, 2006 Secretary of State

Entity Name: UNITED TRUST FUND, INC.				
Current Principal Place of Business:			New Principal Place	of Business:
	KELL AVENUE 331312851	E, STE. 1300		
Current Mailing Address:			New Mailing Address:	
	KELL AVENUE 331312851	E, STE. 1300		
FEI Number	: 59-1726585	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	R, GEORGE KELL AVENUE 33131 US	E, STE. 1300		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ago	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD (BERLINER, LII 701 BRICKELI MIAMI, FL 33	. AVE. #1300	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (BERLINER, GI 701 BRICKELI MIAMI, FL 33 ⁴	. AVE. #1300	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD (DOMB, SIDNE 701 BRICKELI MIAMI, FL 33'	. AVE. #1300	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (BERLINER, FF 701 BRICKELI MIAMI, FL 33'	. AVE #1320	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	VP (NOLAN, JAME) Delete S	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES NOLAN EVP 03/13/2006