


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 550199  
1. Entity Name  
UNITED INVESTMENTS, INC.



Principal Place of Business 2933 S. FLORIDA AVE. SUITE 4 LAKELAND, FL 33803	Mailing Address 2933 S. FLORIDA AVE. SUITE 4 LAKELAND, FL 33803
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D1062006 No Chg P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FIC Number  
59-1772759

5. Certificate of Status Designation  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SCHARAR, TOM E  
2933 S FLORIDA AVE  
SUITE 4  
LAKELAND, FL 33803

**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.

STATE OF FLORIDA

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Financial Campaign Financing Report Filed Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY STATE ZIP	P/D SCHARAR, TOM E 2933 S FLORIDA AVE #4 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY STATE ZIP	VP/D SCHARAR, DAPHNE 1202 BRIARBROOK HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY STATE ZIP	TAS SCHARAR, RYAN 1202 BRIARBROOK HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY STATE ZIP	
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TITLE NAME STREET ADDRESS CITY STATE ZIP	

100000391482  
01/24/06-80043-008 150.00

**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 on Block 10 or Block 11 if changed or on an attachment with an address, with all other info empowered.

SIGNATURE: *Tom E Scharar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR