2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# 636262

Entity Name: UNITED INSURANCE AGENCY, INC.

Current Principal Place of Business:

18250 N.W. 2ND AVENUE
MIAMI, FL 33169

New Principal Place of Business:

18250 N.W. 2ND AVENUE
#102
MIAMI, FL 33169

Current Mailing Address:

27299 RIVERVIEW CENTER BLVD
SUITE 207
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-2024790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CULLEY, JAMES C
27299 RIVERVIEW CENTER BLVD.
SUITE 207
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	CULLEY, JAMES C	
Address:	27299 RIVERVIEW CENTER BLVD, #207	
City-St-Zip:	BONITA SPRINGS, FL 34134 US	
Title:	SECR	( ) Delete
Name:	CULLEY, SANDRA	
Address:	27299 RIVERVIEW CENTER BLVD, #207	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	VICE	( ) Delete
Name:	CULLEY, TERESA	
Address:	27299 RIVERVIEW CENTER BLVD., #207	
City-St-Zip:	BONITA SPRINGS, FL 34134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: JAMES C. CULLEY PRES 04/10/2007

Electronic Signature of Signing Officer or Director — Date