2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2007 8:00 am Secretary of State

DOCUME 1. Entity Name PLCA COND				03-13-200	07 90012 0	27 ****6	1.25		
11784 W SAMPLE RD 11		Mailing Address 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US					11 04 BIBIS BIB IS B	III B IB <i>II</i> B I B 21 B IB	III. 81 IA RI
2. Principal Place	of Business - No P.O. Box # 3	. Mailing Address							
		Suite, Apt, #, etc.)
Suite, Apt. #. etc.					02092007	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State			4. FEI Numbe 59-2378			<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	-	\$8.75 Add	ditional
6	5. Name and Address of Current Reg	istered Agent		Į.	7. Name and	Address of New	v Registered		<u> </u>
UNITED COM	IMUNITY MGMT. CORP.		Name						
11784 WEST SAMPLE RD CORAL SPRINGS, FL 33065			Street A	Street Address (P.O. Box Number is Not Acceptable)					
CONAL SERII	NGS, FL 33000								
			City				FL	Zip Cod	е
	ned entity submits this statement for the	purpose of changing its r	egistered office o	r registere	d agent, or both	n, in the State of	Florida. I am	familiar with,	and accept
the obligations	of registered agent.								
SIGNATURE									
Signa	ature, typed or printed name of registered agent and to	tle if applicable (NOTE	Registered Agent signa	ture required v	vhen reinstäting)		DAIL		
Fili	alure, typed or printed name of registered agent and to ling Fee is \$61.25 le by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	P F	Make check lorida Depar		
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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 617, 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: Kama/A1-Imam - Kamal Oll-Junam 3/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/6/07

Pres. PLC Assoc.