


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 831172


1. Entity Name
 UNITED HUMANITARIANS, A CORPORATION



Principal Place of Business
 5836 WHARTON CIRCLE
 BENSLEM, PA 19020 US

Mailing Address
 5836 WHARTON CIRCLE
 BENSLEM, PA 19020 US

DO NOT WRITE IN THIS SPACE



07122005 No Chg-NP CR2E037 (10/03)

| | |
|----------------------------------|--|
| 4. FEI Number 86-0264917 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARTER, LINDA
 1431 W PEACHTREET
 COCOA, FL 32922

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD KLINKNER, KENNETH 5822 WHARTON CIR BENSLEM, PA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LANIER, CAROL 635 N ERIE AVE TOLEDO, OH |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD ROSS, ARTHUR 5844 WHARTON CIR BENSLEM, PA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CARTER, LINDA 1431 W. PEACHTREE COCOA, FL 32922 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P FARMER, CARRIE 2605 KAY AVE TREVOSE, PA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V HUDSON, ADELE P. 5836 WHARTON CIRCLE BENSLEM, PA |

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 07/26/05-80001-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Adele P. Hudson Date: 7-18-05 Daytime Phone #: 215-750-6177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR