2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# F02000006402

Entity Name: UFM INTERNATIONAL, INC.

Current Principal Place of Business:

306 BALA AVENUE
BALA-CYNWYD, PA 19004

New Principal Place of Business:

Current Mailing Address:

306 BALA AVENUE
BALA-CYNWYD, PA 19004

New Mailing Address:

FEI Number: 23-1352564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTGOMERY, JIM
7175 NOVA DRIVE, #503
DAVIE, FL 333177185 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

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	SMITH, J.D.	
Address:	84 STRATHEARN AVE	
City-St-Zip:	RICHMOND, ON, 14B2J5	
Title:	VC	( ) Delete
Name:	ANDERSON, DOUG	
Address:	1614 ASH PLACE	
City-St-Zip:	WEST FARGO, ND 58078	
Title:	T	( ) Delete
Name:	MONTGOMERY, STEVE	
Address:	22 SUGAR MAPLE DR	
City-St-Zip:	NEWTOWN SQUARE, PA 19073	
Title:	S	( ) Delete
Name:	O'NEILL, JAMES D	
Address:	94 N MALIN RD	
City-St-Zip:	BROOMALL, PA 19008	
Title:	BM	( ) Delete
Name:	ANDERSON, REV. DOUG	
Address:	1614 ASH PLACE	
City-St-Zip:	WEST FARGO, ND 58078	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. D JAMES O'NEILL S 04/24/2007

Electronic Signature of Signing Officer or Director — Date