

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90129 029 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

24045622

<b>DOCUMENT # F03000001164</b> 1. Entity Name <b>BUYERS UNITED, INC.</b>					
Principal Place of Business <b>14870 SOUTH PONY EXPRESS ROAD                  BLUFFDALE, UT 84065</b>			Mailing Address <b>14870 SOUTH PONY EXPRESS ROAD                  BLUFFDALE, UT 84065</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>87-0528557</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional                  Fee Required</b>		
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.                  526 E. PARK AVENUE                  TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be                  Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STERN, TED</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCPT</b> <b>JARMAN, PAUL</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, GARY</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SMITH, G. DOUGLAS</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KROGUE, KENNETH D</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNETT, STEVE</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, C</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, T, D</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> <i>Kerrin Partridge</i> <i>Kimm Partridge</i> <b>4/2/04</b> <b>(816) 511-0000</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Attachment  
24045622  
#F03000001164

**Additional Officers and Directors**

<u>Name</u>	<u>Position</u>	<u>Address</u>	
Kimm Partridge	S	13751 S. Wadsworth Park Drive Suite 200 Draper, UT 84020	Addition
Edward Dallin Bagley	D	14870 S. Pony Express Road Bluffdale, UT 84065	Addition

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