
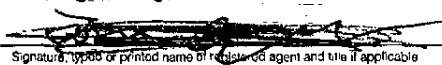



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000002064</b> 1. Entity Name <b>UNITED AMERICAN TECHNOLOGY, INC.</b>		
Principal Place of Business <b>900 N.E. 63RD STREET, SUITE 100 OKLAHOMA CITY, OK 73105</b>		Mailing Address <b>900 N.E. 63RD STREET, SUITE 100 OKLAHOMA CITY, OK 73105</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <b>4-8-05</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BACHMAN, JOHN 900 N.E. 63RD STREET, SUITE 100 OKLAHOMA CITY, OK 73105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANDERSON, TOM 900 N.E. 63RD STREET, SUITE 100 OKLAHOMA CITY, OK 73105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  Tom Anderson</b> <b>4-8-05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <b>405-418-0340</b>		



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**77-0611780**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

000000345186  
04/30/05-R0026-014 150.00

**DO NOT WRITE  
IN THIS SPACE**