2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002896

FILED Mar 16, 2005 Secretary of State

Entity Name: UNIFIED FRANCHISEE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 672 EAST UNION SQUARE PLAZA SANDY, UT 84070 **Current Mailing Address: New Mailing Address:** 3995 HIELD ROAD PALM BAY, FL 32907 FEI Number: 71-0848374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISHER, JULIE 3995 HIÉLD ROAD PALM BAY, FL 32907 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ORODOVER, SARAH Name: Name: UNISHIPPERS - 216 3RD STREET SE Address: Address: City-St-Zip: CEDAR RAPIDS, IA 52401 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CARTER, JOHN Name: Address: UNISHIPPERS - 3179 W. MAPLE Address: City-St-Zip: WICHITA, KS 67213 City-St-Zip: Title: Title: () Change () Addition () Delete WARE, MARK Name: Name: UNISHIPPERS - 10 IVERNESS PKWY #200 Address: Address: City-St-Zip: BIRMINGHAM, AL 35242 City-St-Zip: Title: () Delete Title: () Change () Addition DALLING, BRIAN Name: Name: UNISHIPPERS - 2911 PONTIAC LAKE ROAD #A Address: Address: City-St-Zip: WATERFORD, MI 48328 City-St-Zip: Title: () Delete Title: (X) Change () Addition FISHER, JULIE FISHER, KEVIN Name: Name: UNISHIPPERS - 3995 HEILD ROAD UNISHIPPERS - 3995 HEILD ROAD Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907 Title: () Delete Title: () Change () Addition SANKEY, MIKÉ Name: Name: Address: UNISHIPPERS - 317 5TH STREET Address: DES MOINES, IA 50265 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN L FISHER TR 03/16/2005