


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003309
 1. Entity Name
 UNITED ABSTRACT AND RESEARCH, INC.



Principal Place of Business
 45 EXCHANGE BLVD., SUITE 629
 ROCHESTER, NY 14614

Mailing Address
 45 EXCHANGE BLVD., SUITE 629
 ROCHESTER, NY 14614



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1601877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STIVERS, H B
 245 EAST VIRIGINA STREET
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	PST KONZEL, CHRISTOPHER L 45 EXCHANGE BLVD., SUITE 629 ROCHESTER, NY 14614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KONZEL, CHRISTOPHER L 45 EXCHANGE BLVD., SUITE 629 ROCHESTER, NY 14614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENTHAL, LORA A 45 EXCHANGE BLVD., SUITE 629 ROCHESTER, NY 14614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/09/06-80068-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/19/06 Daytime Phone #: 885-325-5970