2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003950

LUCKE, JAMES T

ATLANTA, GA 30328

STEWARD, RANDALL J

ATLANTA, GA 30328

6 CONCOURSE PARKWAY SUITE 3300

6 CONCOURSE PARKWAY SUITE 3300

(X) Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: UNITED PET GROUP INC.

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
463 OHIO PIKE SUITE 303 CINCINNATI, OH 45255				7794 FIVE MILE RD. SUITE 190 CINCINNATI, OH 45230			
Current Mailing Address:				New Mailing Address:			
463 OHIO PIKE SUITE 303 CINCINNATI, OH 45255				7794 FIVE MILE RD. SUITE 190 CINCINNATI, OH 45230			
FEI Number:	11-2392851	FEI Number Applied For ()	FEI Nur	FEI Number Not Applicable()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU	ORATION SY TH PINE ISLA ON, FL 3332	ND ROAD					
	named entity of Florida.	submits this statement for the	purpose o	of changing it	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CP (HEIL, JOHN A 463 OHIO PIK CINCINNATI, C			Title: Name: Address: City-St-Zip:	DP HEIL, JOHN 7794 FIVE N CINCINNATI	MILE RD. SUITE 190	
Title: Name: Address: City-St-Zip:	STEWARD, R	E PARKWAY SUITE 3300		Title: Name: Address: City-St-Zip:	D GENITO, AN 6 CONCOUR ATLANTA, G	RSE PARKWAY SUITE 3300	
Title: Name: Address: City-St-Zip:	VP (GIL, JOE D 463 OHIO PIK CINCINNATI, C			Title: Name: Address: City-St-Zip:	T GIL, JOE D 7794 FIVE N CINCINNATI	(X) Change()Addition MILE RD. SUITE 190 I, OH 45230	
Title:	S () Delete		Title:	S	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

WILSON, JOHN T

ATLANTA, GA 30328

6 CONCOURSE PARKWAY SUITE 3300

() Change () Addition

SIGNATURE: JOHN T. WILSON S 01/21/2008