2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2007 08:00 AM **Secretary of State** DOCUMENT # F06000004929 1. Entity Name UNICON GROUP LTD. CORPORATION Principal Place of Business Mailing Address 900 SO. HIGHWAY DR. SUITE 310 900 SO. HIGHWAY DR. SUITE 310 FENTON, MO 63026 FENTON, MO 63026 01262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1217391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** DO NOT WRITE 1203 GOVERNORS SQUARE BLVD, STE 101 TALLAHASSEE, FL 32301-2960 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS MILE NAME ORLANDO, MICHAEL A STREET ADDRESS 900 S0, HIGHWAY DR. SUITE 310 City St. 2P FENTON, MO 63026 HILE 02/07/07-80016-023 150.00 NAME SIREET ADDRESS CHY-SI-AP MLE MAME STREET ADDRESS DO NOT WRITE CHY-St-JIP IN THIS SPACE THE NAME STREET ADDRESS CHY-SI-ZIP MAL NAME STREET ADDRESS CITY-ST-ZIP DILLE STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the received 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 abdress, with all other tipe empowered.

IG OFFICER OR DIRECTOR

FILED

Daytime Phone #