2008 FOR PROFIT CORPORATION ANNUAL REPORT							FILED Apr 29, 2008 8:00 am Secretary of State					
DOCU 1. Entity Nam UNITED I					04-29-200	8 90090 02	28 ***15	50.00				
Principal Plac 1181 CALIFC CORONA, CA	DRNIA AVE. 101-B	Mailing Address 1181 CALIFORNIA AVE. 101-B CORONA, CA 92881			•							
2. Principał P Suite, Apt.	lace of Business - No P.O. Box #	3. Mailing Address Suite, Apt. #, etc.										
City & State		City & State				04212008 4. FEI Number		CR2E034	Ap	plied For		
Zip	Country	Zip Count		itry	25-1921189 5. Certificate of Status (8.75 Add			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)								
	UN, TE 33324		City		FL Zip Code							
 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 accurate the obligations of registered agent. 									and accept			
SIGNATURE												
	E NOWI!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Camp Trust Fund Cor	*			00 May Be ed to Fees						
10.	OFFICERS AND DIRECTORS					ADDITIONS/C	HANGES TO OF	FICERS AND E	RECTOR	SIN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FREY, ROBERT W NA 15901 RED HILL AVE SUITE #200 ST							I	🗋 Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								Change	Addition			
TITLE NAME STREET ADORESS CITY - ST - ZIP				E T EET ADDRESS 11 -ST-ZIP (am 181 Dri	etans my c.m. califor ma , U		e, Suite	Change	Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete		E EET ADORESS	JUY 181 Cor	ctor nes Paka Califor ima, Ca	12.581	,Suiter		Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		e 7 E 6 E 7	Pre. 150 181	californ ona, c	pi 11a Aver	snite 10) Change 1 <i>6</i>	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY	E LADDRESS II -ST-ZIP	20x 20x 181 20r	ector une Al- califorr ona , CA	Fayez na Aue, + 92-881	Suite 1	" Change 0//3	Addition		
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: ALAMA MAN TAMMY C. MANNING 4/21/08 951.898.5085 SIGNATURE AND THEO OR PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR DRIVE DAY												