2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# F06000006516

Entity Name: UAI AGENCY, INC.

Current Principal Place of Business:

1422 EUCLID AVE #900
CLEVELAND, OH 44115

New Principal Place of Business:

Current Mailing Address:

1422 EUCLID AVE #900
CLEVELAND, OH 44115

New Mailing Address:

FEI Number: 34-1103603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	COO	( ) Delete
Name:	MCMAHON, JAMES J	
Address:	2945 FAIRMOUNT BLVD	
City-St-Zip:	CLEVELAND HTS, OH 44118	
Title:	CEO	( ) Delete
Name:	COGAN, JAMES E	
Address:	32251 SHAKER BLVD	
City-St-Zip:	PEPPER PIKE, OH 44124	
Title:	VP	( ) Delete
Name:	KIRCHER, BERNARD	
Address:	3342 MAYNARD RD	
City-St-Zip:	SHAKER HTS, OH 44122	
Title:	CFO	( ) Delete
Name:	BOYLE, JOHN J IV	
Address:	14300 SOUTH PARK BLVD	
City-St-Zip:	SHAKER HTS, OH 44120	
Title:	ST	( ) Delete
Name:	BOYLE, JOHN J IV	
Address:	14300 SOUTH PARK BLVD	
City-St-Zip:	SHAKER HTS, OH 44120	
Title:	VP	( ) Delete
Name:	MADAY, DONALD J	
Address:	16503 EDGEWATER DRIVE	
City-St-Zip:	LAKEWOOD, OH 44107	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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

SIGNATURE: JOHN J. BOYLE, IV CFO 04/02/2007

Electronic Signature of Signing Officer or Director Date