


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90039 016 ****61.25

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1. Entity Name
UNITED CONSUMER AWARENESS ASSOCIATION, INC.



Principal Place of Business Mailing Address

15707 COIT ROAD SUITE 121 DALLAS TX 75248 **15707 COIT ROAD SUITE 121 DALLAS TX 75248**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/07)

City & State City & State

Zip Country Zip Country

4. FEI Number **43-1727979** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
 11380 PROSPERITY FARMS ROAD
 #221E
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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 \$61.25
Due By September 5, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> Delete
NAME	KATOSIC, GEORGE R	
STREET ADDRESS	300 NORTH COIT ROAD, SUITE 350	
CITY-ST-ZIP	RICHARDSON TX 75280	
TITLE	VCP	<input type="checkbox"/> Delete
NAME	MCCRAW, THOMAS	
STREET ADDRESS	2917 OWENWOOD DRIVE	
CITY-ST-ZIP	FORT WORTH TX 76119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOELKE, VERNON	
STREET ADDRESS	5800 LANGSFORD LANE	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David May	
STREET ADDRESS	12655 North Central Expwy Suite 1011	
CITY-ST-ZIP	Dallas, TX 75243	
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Protas	
STREET ADDRESS	12655 N. Central Expwy - Suite 1011	
CITY-ST-ZIP	Dallas, Tx 75243	
TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Bourawdas	
STREET ADDRESS	160 Gileon Way	
CITY-ST-ZIP	Syosset, NY 11791	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE: *David May* David May, V.P. 7/16/2007 972-716-9590