2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am

| | | ··· | _ Seci | retary of State | |
|--|---|--------------------------------|---|---|--|
| DOCUMENT # F06000007028 | | | 04-28-2008 90376 041 ****61.25 | | |
| 1. Entity Name UNITED CONSUMER AWARENESS ASSOCIATION, INC. | | | | | |
| SATES SOMEONER TO MALE 1233 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | CO NT IN | _ | | |
| Principal Place of Business 15707 COIT ROAD | Mailing Address 15707 COIT ROAD | | | | |
| SUITE 121 SUITE 121 | | | | | |
| DALLAS, TX 75248 | DALLAS, TX 75248 | | 1 | RENI BENS BEIS ARNO BENS ISBN FEST STEEL BUNGS AT SER | |
| Principal Place of Business - No P.O. Box # Mailing Address | | | | | |
| `` | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01182008 Chg- | NP CR2E037 (12/06) | |
| City & State | City & State | | 4. FEI Number Applied For 43-1727979 Not Applicable | | |
| Zip Country | Zip | Country | 5. Certificate of Status | \$8.75 Additional | |
| 6. Name and Address of Current | Registered Agent | | 7. Name and Addres | s of New Registered Agent | |
| CORPORATE CREATIONS NETWORK | INC | Name | | | |
| 11380 PROSPERITY FARMS ROAD | | Street Addres | (P.O. Box Number is Not Acceptable) | | |
| #221E PALM BEACH GARDENS, FL 33410 | | | | | |
| THE BENOT OF THE BENOT OF THE | | City | | Zip Code | |
| 8. The above named entity submits this statement for | or the purpose of changing its re | paintered attion or root | estared egent or both in the | FL Zip Code | |
| the obligations of registered agent. | or the purpose of changing its re | egistered office of regi | stered agent, or boin, in the | State of Pionida. Tant familiar with, and accept | |
| | | | | | |
| SIGNATURESIgnature, typed or printed name of registered agent | and title if applicable. (NOTE | Registered Agent signature req | uired when reinstating) | DATE | |
| | O Floation Com- | | | Parks shock possible to | |
| Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Trust Func | | paign Financing ontribution. | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DI | RECTORS | 11. | ADDITIONS/CHANGES | TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE CS | Delete | TITLE JO | shua Fulks 801 Nantucle | Change Addition | |
| NAME KATOSIC, GEORGE R STREET ADDRESS 300 NORTH COIT ROAD, SUITE 350 | | NAME / 08 | 801 Nantucile | TON Parident | |
| CITY-ST-ZIP RICHARDSON, TX 75280 | 2 000 | CITY-ST-ZIP | iwlett, TX 1 | + or. 1089 President 1 Director | |
| TITLE VCP | Delete | TITLE J | ustin Go | Worth or. 75093 Secretar | |
| NAME MCCRAW, THOMAS STREET ADDRESS 2917 OWENWOOD DRIVE | | NAME STREET ADDRESS | 432 WO-RS | 1 WOTTH Dr. | |
| CITY-ST-ZIP FORT WORTH, TX 76119 | | CITY-ST-ZIP | ano, 7-x | 75043 Secretare | |
| TITLE -TD - | Delete — | TITLE | | Change Addition | |
| NAME WOELKE, VERNON STREET ADDRESS 5800 LANGSFORD LANE | | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP COLLEYVILLE, TX 76034 | | CITY-ST-ZIP | | | |
| TITLE VP | Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME MAY, DAVID STREET ADDRESS 12655 NORTH CENTRAL EXPR | PESSIMAY SHITE 1011 | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP DALLAS, TX 75243 | COOVAT OUT E TOTT | CITY-ST-ZIP | | | |
| TITLE VP | Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME PROTAS, RICHARD | DECCIMAN CHITE 4044 | NAME CYDEET ADDRESS | | | |
| STREET ADDRESS 12655 NORTH CENTRAL EXPR | CESSIVAT SUITE TUTT | STREET ADDRESS CITY+ST-ZIP | | | |
| TITLE AS | Delete | TITLE | · | ☐ Change ☐ Addition | |
| NAME BOURANDAS, TRACY | * \ | NAME | | | |
| STREET ADDRESS 160 EILEEN WAY CITY-SI-ZIP SYOSSET, NY 11791 | | STREET ADDRESS CITY-ST-ZIP | | | |
| | | = | | | |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addiress, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

972)964-3131