

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90376 041 \*\*\*\*61.25

DOCUMENT # F06000007028  
 1. Entity Name  
 UNITED CONSUMER AWARENESS ASSOCIATION, INC.



Principal Place of Business  
 15707 COIT ROAD  
 SUITE 121  
 DALLAS, TX 75248

Mailing Address  
 15707 COIT ROAD  
 SUITE 121  
 DALLAS, TX 75248

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01182008 Chg-NP CR2E037 (12/06)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	CS KATOSIC, GEORGE R 300 NORTH COIT ROAD, SUITE 350 RICHARDSON, TX 75280	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP MCCRAW, THOMAS 2917 OWENWOOD DRIVE FORT WORTH, TX 76119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOELKE, VERNON 5800 LANGSFORD LANE COLLEYVILLE, TX 76034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAY, DAVID 12655 NORTH CENTRAL EXPRESSWAY SUITE 1011 DALLAS, TX 75243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROTAS, RICHARD 12655 NORTH CENTRAL EXPRESSWAY SUITE 1011 DALLAS, TX 75243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOURANDAS, TRACY 160 EILEEN WAY SYOSSET, NY 11791	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joshua Fulk 10801 Nantuxlet Dr. Rowlett, TX 75089 President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Justin Gow 4432 Woodsworth Dr. Plano, TX 75093 Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Justin B. Gow Date: 4/23/08 Daytime Phone #: (972) 964-3131