


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90033 003 ***150.00

DOCUMENT # F07083 1. Entity Name UNITED AGENCIES, INC.					
Principal Place of Business 7404 N ATLANTIC AVE P O BOX 505 CAPE CANAVERAL, FL 32920 US				Mailing Address 7404 N ATLANTIC AVE P O BOX 505 CAPE CANAVERAL, FL 32920 US	
2. Principal Place of Business - No P.O. Box # 7404 N. Atlantic Ave. Suite, Apt. #, etc. Suite 200		3. Mailing Address P.O. Box 505 Suite, Apt. #, etc.			
City & State Cape Canaveral, FL		City & State Cape Canaveral, FL		4. FEI Number 59-2058795	
Zip 32920-3725		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDEVITT, RONALD T 7404 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name McDevitt, Ronald T. Street Address (P.O. Box Number is Not Acceptable) 7404 N. Atlantic Ave. Suite 200 City Cape Canaveral FL Zip Code 32920-3725	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDEVITT, RONALD T 7404 N. ATLANTIC AVE. CAPE CANAVERAL, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McDevitt, Ronald T. 7404 N. Atlantic Ave., Suite 200 Cape Canaveral, FL 32920-3725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MCDEVITT, MICHAEL K SECRETA 7404 N. ATLANTIC AVE CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McDevitt, Michael K 7404 N. Atlantic Ave., Suite 200 Cape Canaveral, FL 32920-3725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>Ronald T. McDevitt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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