


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 150
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F26156
 1. Entity Name
UNITED FINANCIAL GROUP, INC.



Principal Place of Business
**1133 LOUISIANA AVENUE
 SUITE 200
 WINTER PARK, FL 32789 US**

Mailing Address
**P.O. BOX 941313
 MAITLAND, FL 32794-1313 US**



DO NOT WRITE IN THIS SPACE

03082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2088743 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KAPLAN, HAROLD J.
 453 FLETCHER PLACE
 WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT KAPLAN, HAROLD J 453 FLETCHER PLACE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS KAPLAN, ANDREW 342 NEBRASKA AVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-805 407-6288444
Date Daytime Phone #