

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

*Amended*

**FILED**

06 JUN -5 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

Zip Country



05312006 Chg-P CR2E034 (11/05)

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.  
1133 LOUISIANA AVENUE  
SUITE 200  
WINTER PARK, FL, 32789**

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 \_\_\_\_\_

**Amended AR is \$61.25**

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

**300076154683**  
06/13/06--01037--010 \*\*61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KAPLAN, HAROLD J 1133 LOUISIANA AVENUE SUITE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KAPLAN, ANDREW 342 NEBRASKA AVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & Treas, Chairman Board Kaplan, Harold J. 1133 Louisiana Avenue, Suite 200 Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Chf. Oper. Officer Kaplan, Andrew 342 Nebraska Ave. Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Guadagna, Michael 738 Riverbend Blvd. Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gottschalk, Crystal 1340 Unity Court Casselberry, FL 32707	<input type="checkbox"/> Change <input checked="" 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 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:** *Andrew Kaplan* **Andrew Kaplan** **June 1, 2006** **407 628-8444**  
Date Daytime Phone #