


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 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



01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2088743

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
KAPLAN, HAROLD J.  
1133 LOUISIANA AVENUE  
SUITE 200  
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, 2007 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	CEO KAPLAN, HAROLD J 1133 LOUISIANA AVENUE SUITE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCB KAPLAN, HAROLD J 1133 LOUISIANA AVENUE, SUITE 200 WINTER PARK, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO KAPLAN, ANDREW 342 NEBRASKA AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUADAGNA, MICHAEL 738 RIVERBEND BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOTTSCHALK, CRYSTAL 1340 UNITY COURT CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000615367  
02/06/07-80068-009 150.00

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, President 1-29-07 407 628-8444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #