


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 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



02042008 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

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 \_\_\_\_\_ (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.  **\$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	

U00000818315  
 02/15/08-80037-010 150.00

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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:  HAROLD J. KAPLAN 2-408 407-628-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #