

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90433

FILED
Mar 16, 2006
Secretary of State

Entity Name: UNITED DEVELOPMENT SYSTEMS, INC.

Current Principal Place of Business:

19321-C U.S. HWY. 19 NORTH
SUITE 502
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8150
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-2215384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISORIO, RANDALL R
110 TURTLE CREEK CIRCLE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

CRISORIO, RANDALL R PD
110 TURTLE CREEK CIRCLE
OLDSMAR, FL 34677 US

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.

SIGNATURE: RANDALL R CRISORIO

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRISORIO, RANDALL R
Address: 110 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: SDT () Delete
Name: CRISORIO, ELLEN L
Address: 110 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: VD () Delete
Name: CRISORIO, JEFFREY S
Address: 110 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: V () Delete
Name: CRISORIO, LORETO A
Address: 57 NORTH STREET - #401
City-St-Zip: DANBURY, CT 06810

Title: VD () Delete
Name: CRISORIO, BRIAN P
Address: 110 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: V () Delete
Name: SCHULTZ, PAUL A
Address: PO BOX 7643
City-St-Zip: CLEARWATER, FL 33758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN L CRISORIO

SDT

03/16/2006

Electronic Signature of Signing Officer or Director

Date