## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT #F93000002688 04-24-2006 90390 028 \*\*\*150.00 UNITED COMMERCIAL CONSTRUCTION, INC. Principal Place of Business TUUDIEUI Mailing Address 4200 PERIMETER PARK SOUTH, SUITE 250 4200 PERIMETER PARK SOUTH, SUITE 250 ATLANTA, GA 30341-1202 ATLANTA, GA 30341-6801 2. Principal Place of Business 3. Mailing Address 4200 Perimeter Park S Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-P CR2E034 (11/05) <u>Suite 250</u> City & State City & State 4. FEI Number Applied For Atlanta, 58-1973239 Not Applicable Zip Country Zip Country \$8.75 Additional 30341-6801 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE 4 Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33331 Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PCD ☐ Delete THE ☐ Change ☐ Addition NAME WILSON, ROBERT M NAME STREET ADDRESS 12800 BUCKSPORT DRIVE STREET ADDRESS CITY-ST-ZIP ROSWELL, GA 30075 CITY-ST-7IP VTD TITLE Delete TITLE ☐ Change Addition NAME CASH, LARRY C NAME STREET ADDRESS 555 BELLEMONT COURT STREET ADDRESS CITY-ST-7IP DULUTH, GA 30097 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME PATE, PAULA R NAME STREET ADDRESS 205 RICHMOND PL STREET ADDRESS CITY-ST-ZIP NEWNAN, GA 30265 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

**FILED** 

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Front M. WILSON Pres	April 21,	2006 770/455009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #