


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JAN 23 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004752 1. Entity Name WALTER UCCELLINI/UNITED GROUP OF COMPANIES, INC.	
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Principal Place of Business 80 STATE STREET 9TH FLOOR ALBANY, NY 12207	Mailing Address POST OFFICE BOX 799 ALBANY, NY 12201
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1604700	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

UCCELLINI, CHARLES
 205 LENNOX ROAD W.
 PALM HARBOR, FL 34683

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 _____ DATE _____
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
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT UCCELLINI, WALTER F 80 STATE ST., 8TH FLOOR ALBANY, NY 12207
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200065194152
 02/06/06--01015--001 **\$50.00

Eckel JAN 25 2006

\$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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR