

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90045 040 \*\*\*158.75

DOCUMENT # F95000003964

1. Entity Name  
UNITED INFORMATION TECHNOLOGIES CORPORATION



Principal Place of Business  
1095 PINGREE ROAD  
SUITE 207  
CRYSTAL LAKE, IL 60014

Mailing Address  
1095 PINGREE ROAD  
SUITE 207  
CRYSTAL LAKE, IL 60014

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
36-3551935

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PRENTICE HALL LEGAL & FINANCIAL SERVICES  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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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 re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOT MURPHY, GLORIA 1095 PINGREE ROAD, SUITE 207 CRYSTAL LAKE, IL 60014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GETTES, SUZANNE 1095 PINGREE ROAD, SUITE 207 CRYSTAL LAKE, IL 60014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLAK, JOHN 100 S. ASHLEY DR., STE. 250 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/07 (847) 658-1222