


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90291 019 \*\*\*150.00

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DOCUMENT # K69644					
1. Entity Name UNIQUELY FLORIDA, INC.					
Principal Place of Business 380 S. INDUSTRIAL DRIVE ORANGE CITY, FL 32763 US		Mailing Address 380 S. INDUSTRIAL DRIVE ORANGE CITY, FL 32763 US			
2. Principal Place of Business <i>147 N. Industrial Dr.</i>		3. Mailing Address <i>147 N. Industrial Drive</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Orange City FL</i>		City & State <i>Orange City FL</i>		4. FEI Number 59-2931093	
Zip <i>32763</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, PETER F. 380 S. INDUSTRIAL DRIVE ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		City		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 the obligations of registered agent.					
SIGNATURE: <i>Peter F. Smith</i>		DATE: <i>3/3/05</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PETER F.		NAME	<i>Smith, Peter F.</i>	
STREET ADDRESS	380 S. INDUSTRIAL DRIVE		STREET ADDRESS	<i>659 Fort Florida Pt. Rd.</i>	
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP	<i>DeBary FL 32713</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 filers empowered.					
SIGNATURE: <i>Peter F. Smith</i>		DATE: <i>3/3/05</i>		Phone # <i>406-775-9300</i>	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	