04/26/2005 16:24 9545874377 MCCLEARY &

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Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90273 014 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L14979

1. Entity Name
UNITED MUTUAL TRUST INC.

Principal Place of Business	Mailing Address
2727 E OAKLAND PK BLVD #3RD FLOOR FORT LAUDERDALE, FL 33304 US	2740 E. OAKLAND PK. BLVD., #302 FT. LAUDERDALE, FL 33306 US

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2727 E Oakland Pk Blvd	2727 E Oakland Pk Blvd
Suite, Apt. #, etc. suite 101	Suite, Apt. #, etc. Suite 101
City & State Ft Lauderdale, FL	City & State Ft Lauderdale, FL
Zip 33306-1625 Country	Zip 33306-1625 Country

4. FEI Number 65-0214209 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ERIC R
2740 E. OAKLAND PK. BLVD.
#302
FT. LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name Barbara H. Johnson
Street Address (P.O. Box Number is Not Acceptable) 2727 E Oakland Park Blvd, ste 101
Ste 101
City Ft. Lauderdale FL Zip Code 33306-1625

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] Pres Barbara H. Johnson, Pres. 4-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOHNSON, ERIC 2740 E. OAKLAND PARK BLVD., 302 FORT LAUDERDALE, FL 33306	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Barbara H. Johnson 2727 E Oakland Park Blvd, #101 Ft Lauderdale, FL 33306	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: [signature] Barbara H Johnson 4-26-05 954-564-1706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #