2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # M05000002112 1. Entity Name 02-27-2006 90429 015 ****55.00 UNITED CITIZENS' GROUP, LLC Principal Place of Business Mailing Address 5809 10TH PLACE HYATTSVILLE MD 20782 **5809 10TH PLACE** HYATT\$VILLE MD 20782 3. Mailing Address 2. Principal Place of Business P.O.Box 5334 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FEI Number 86-1126939 Not Applicable Hyattsvil Country \$5,00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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, typed or printed name of registered agent and title a applicable. (NOTE: Registered Agent signature required when reinstitting) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM ☐ Detete TIT1 F ☐ Change ☐ Addition NAME NAME GUERRIER, ANDRE R STREET ADDRESS STREET ADDRESS 5809 10TH PLACE CITY-ST-ZIP CITY-ST-ZIP **HYATTSVILLE MD 20782** MGRM ☐ Change ☐ Addition THE ☐ Delete TITLE NAME GRAY, HARRY STREET ADDRESS STREET ADDRESS 12324 EUGENE'S PROSPECT DRIVE CITY-ST-7/P CITY - ST- ZIP BOWIE MD 20720 __Dolete ☐ Addition TITLE ☐ Change MGRM-NAME NAME GUERRIER-GRAY, SOPHIA STREET ADDRESS STREET ADDRESS 12324 EUGENE'S PROSPECT DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOWIE MD 20720** ☐ Delete ☐ Change ■ Addition TIME TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by florida Statutes.

02-10-06

Daytime Phone #

Guerrier Andre Reynol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF

SIGNATURE:

FILED