2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010923

Entity Name: WESTERN UNITED, INC.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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13875 NW 22ND AVENUE SUITE 235 MIAMI, FL 33054

Current Mailing Address: New Mailing Address:

13875 NW 22ND AVENUE SUITE 235 MIAMI, FL 33054

FEI Number: 87-0755888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETITFRERE, FRANTZ PETITFRERE, FRANTZ 13875 NW 22ND AVENUE SUITE 235 3613 S.W 14 STREET

MIAMI, FL 33054 US FT. LAUDERDALE, FL 33312 US

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.

SIGNATURE: FRANTZ PETITFRERE 04/16/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PETITFRERE, FRANTZ PETITFRERE, FRANTZ Name: Name:

13875 NW 22ND AVENUE SUITE 235 Address: 3613 S.W. 14 STREET #2 Address: City-St-Zip: MIAMI, FL 33054 City-St-Zip: FT. LAUDERDALE, FL 33312

Title: () Delete Title: DV (X) Change () Addition

ALLISON, SANDRICE Name: TODO, JULIEN Name: Address: 13875 NW 22ND AVENUE SUITE 235 Address: 1330 N.W. 4 COURT City-St-Zip: MIAMI, FL 33054 City-St-Zip: BOCA RATON, FL 33432

Title: DV () Delete Title: DV (X) Change () Addition

CHEVRY, FRITZ Name: PIERRE, ALIX Name:

560 NW 179TH TERRACE 755 E. DAYTON CIRCLE Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: FT. LAUDERDALE, FL 33312

() Change (X) Addition Title: () Delete Title: DV Name: Name: LEMY, JONEL P.A.

Address: Address: 540 S.E. 3 STREET City-St-Zip: City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Delete Title: () Change (X) Addition

SHAKESPIERRE, ED Name: Name: 4676 COLLIER ROAD Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463

Title: () Delete Title: () Change (X) Addition

ALLISON, SANDRICE Name: Name: Address: Address: 560 NW 179 TERRACE MIAMI, FL 33169 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANTZ PETITFRERE DP 04/16/2007