NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # NO 6000011359

1. Entity Name

MAITLAND UNITED, INC.



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

04-09-2007 90085 025 ****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 605 EAST ROBINSON ST. 1641 Inches Device (Suit				40054602		
<u> </u>		Suite, Apt. #, etc.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		ÇR2E037B (8/05)	
ORLANDO, FL, & Maitland,			4. FEI Number 20-5814880 Applied For Not Applicable			
^{Zip} 32	801 U.S.A	Zip 32751	Country	5. Certificate of Sta	Fee Hequired	
			Ness	7. Name and Address of Current Registered Agent		
DO NOT WOITE				MM & E SEKVICES LLC		
DO NOT WRITE			Street Addres	Street Address (P.O: Box Number is not Acceptable) 605 Fest Robinson Street		
IN THIS SPACE				sinte 730		
			City OR	LANDO	FL Zip Code 3 2 8 0 1	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FEE IS \$61.25 Initial or Amended AR 9. Election Campa Trust Fund Cont		· -	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIR	ECTORS				
TITLE	BRIJ B. SETH		TITLE			
NAME STREET ADDRESS	7.000		NAME STREET ADDRESS			
CITY-ST-ZIP	MAITLAND, FL. 32751		CITY-ST-ZIP			
TITLE			TITLE			
NAME	NAME JOE OLOFR		NAME			
STREET ADDRESS ASO MININEHARA ROMD S		STREET ADDRESS				
CITY-ST-ZIP	MATTLAND, FL.	32751	CITY-ST-ZIP			
TITLE	CECOFTARY		TITLE			

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY+ST-ZIP TITLE NAME

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SECRETARY

TREASURER

UBTON THE ENTEN

872 TOWN CIRCLE

MAITLAND FL. 32751

LEN SCHMIDT TRAIL

MAITLAND, FL. 32751

BRIT B.SETM PRESIDENT OA 03 2007 WOTTHO 7384

DO NOT WRITE

IN THIS SPACE