2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000011379

Entity Name: UNITED CULTURAL EXCHANGES, INC.

Current Principal Place of Business:

3665 BONITA BEACH ROAD
SUITE 3
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

3665 BONITA BEACH ROAD
SUITE 3
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC
3665 BONITA BEACH ROAD
SUITE 3
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOHMAN, JUERGEN
Address: 2220 CHESTERBROOK COURT #203
City-St-Zip: NAPLES, FL 34109 US

Title: D ( ) Delete
Name: HERCHER, STEVEN P
Address: 7410 S.W. PINERIDGE COURT
City-St-Zip: PORTLAND, OR 97225 US

Title: D ( ) Delete
Name: WHITE, DAVID
Address: 2405 SOUTH STAR LAKE DRIVE 68-101
City-St-Zip: FEDERAL HIGHWAY, WA 98003 US

Title: D ( ) Delete
Name: BREGMAN, BUDDY
Address: 1950 SAWTELLE BOULEVARD, SUITE 360
City-St-Zip: LOS ANGELES, CA 90025 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LOHMAN, JUERGEN
Address: 2220 CHESTERBROOK COURT #203
City-St-Zip: NAPLES, FL 34109 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: BREGMAN, BUDDY
Address: 1950 SAWTELLE BOULEVARD, SUITE 360
City-St-Zip: LOS ANGELES, CA 90025 US

Title: ST ( ) Change (X) Addition
Name: WEISS, KATI
Address: 15900 OLD WEDGEWOOD COURT
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: JUERGEN LOHMANN PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date