2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N93000003118

Entity Name: UNIFIED UPLIFTMENT, INC.

Current Principal Place of Business:

1006 PINEHAVEN COURT
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

1006 PINEHAVEN COURT
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 59-3190938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARMA, SEWNARINE
1006 PINEHAVEN CT
BRANDON, FL 33511 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: DP ( ) Delete
Name: SHARMA, SEWNARINE
Address: 1006 PINEHAVEN CT
City-St-Zip: BRANDON, FL 33511

Title: DS ( ) Delete
Name: SHARMA, ASHWINKUMAR
Address: 1006 PINEHAVEN CT
City-St-Zip: BRANDON, FL 33511

Title: DT ( ) Delete
Name: SHARMA, GIRESHKUMAR
Address: 1006 PINEHAVEN CT
City-St-Zip: BRANDON, FL 33511

Title: DVP ( ) Delete
Name: SHARMA, KAUSSILIA
Address: 1006 PINEHAVEN COURT
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SEWNARINE SHARMA DP 01/06/2004

Electronic Signature of Signing Officer or Director — Date