


FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90120 008 ****61.25

ANNUAL REPORT

DOCUMENT # N94000005586			
1. Entity Name A UNIFYING MOVEMENT, INC.			
Principal Place of Business 4259 CARDINAL BLVD PORT ORANGE, FL 32127 US		Mailing Address 4259 CARDINAL BLVD PORT ORANGE, FL 32127 US	
2. Principal Place of Business - No P.O. Box # 2805 Kilgore St Suite, Apt. #, etc.		3. Mailing Address 2805 Kilgore St Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32803 Country US		City & State Orlando, FL Zip 32803 Country US	
4. FEI Number 59-3279087		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, JOHN J 4259 CARDINAL BLVD. PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name Phillip Denton Street Address (P.O. Box Number is Not Acceptable) 2805 Kilgore St City Orlando FL Zip Code 32803	
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 <u>Phillip W. Denton</u> PHILLIP W. Denton 8/4/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAELS, SUE W 4709 DILLINGHAM COURT RALEIGH, NC 27604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Larry Henson 4204 New Brighton Drive Apex, NC 27539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHUNNY, SUSAN 229 F ST SILVER CITY, NM 88061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTIZ, JOHN 4259 CARDINAL BLVD PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Sue W Michaels 4709 Dillingham Court Raleigh, NC 27604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTRELL, ZELDA PO BOX 194 FORT DEFIANCE, AZ 86504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Phillip Denton 2805 Kilgore St Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, LARRY 4204 NEW BRIGHTON DR APEX, NC 27502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRST, JEAN 866 EBB P BAY RD CARLTON PLACE ON-RRI PL, CANADA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: <u>Larry Henson</u> 8-1-2008 919-270-4691 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			