


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90028 042 ***158.75

DOCUMENT # P00000090732 1. Entity Name UNION MORTGAGE GROUP, INC.	
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Principal Place of Business 11440 OKEECHOBEE BLVD. #217 ROYAL PALM BEACH, FL 33411	Mailing Address 11440 OKEECHOBEE BLVD. #217 ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc. Ste 102A	Suite, Apt. #, etc. Ste 102A	65-1043385	<input type="checkbox"/> Not Applicable
City & State	City & State	01032005 Chg-P CR2E034 (10/03)	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ISLAM, REBECCA 11440 OKEECHOBEE BLVD, SUITE 217 ROYAL PALM BEACH, FL 33411	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISLAM, ASIF <input type="checkbox"/> Delete 11440 OKEECHOBEE BLVD, SUITE 210-B ROYAL PALM BEACH, FL 33411	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 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 607, 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: *Asif Islam* **1-3-05** **561-753-2291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #