



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90247 033 \*\*\*150.00

<b>DOCUMENT # P00000117274</b> 1. Entity Name <b>FIRST UNITED DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>6289 W. SUNRISE BLVD., #120 SUNRISE, FL 33313</b>				Mailing Address <b>6289 W. SUNRISE BLVD., #120 SUNRISE, FL 33313</b>	
2. Principal Place of Business <b>6299 W Sunrise Blvd</b> Suite, Apt. #, etc. <b>Suite 211</b> City & State <b>Sunrise FL</b> Zip <b>33313</b> Country <b>USA</b>		3. Mailing Address <b>6299 W Sunrise Blvd</b> Suite, Apt. #, etc. <b>Suite 211</b> City & State <b>Sunrise, FL</b> Zip <b>33313</b> Country <b>USA</b>			
4. FEI Number <b>65-1072912</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARDNER, IAN</b> <b>6289 W. SUNRISE BLVD., #120</b> <b>SUNRISE, FL 33313</b>			7. Name and Address of New Registered Agent Name <input checked="" type="checkbox"/> Street Address (P.O. Box Number is Not Acceptable) <b>6299 W. Sunrise Blvd #211</b> City <b>Sunrise</b> <b>FL</b> Zip Code <b>33313</b>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <b>4/26/04</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GARDNER, IAN 6289 W. SUNRISE BLVD., #120 SUNRISE, FL 33313 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Gardner, IAN 6299 W. Sunrise Blvd #211 Sunrise, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:** *Ian Gardner* **Ian Gardner** **4/26/04** **954-581-9659**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #