

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000870

Entity Name: UNIPHYD CORP.

FILED
Jun 11, 2008
Secretary of State

Current Principal Place of Business:

2033 MAIN STREET, SUITE 400
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2033 MAIN STREET, SUITE 400
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-1081052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, MICHAEL
2033 MAIN STREET - SUITE 400
SARASOTA, FL 34237 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BADOLATO, ANDREW
Address: 2033 MAIN STREET - SUITE 400
City-St-Zip: SARASOTA, FL 34237

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST () Change (X) Addition
Name: WEST, DAVID L
Address: 2033 MAIN ST STE 400
City-St-Zip: SARASOTA, FL 34237

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L WEST

S

06/11/2008

Electronic Signature of Signing Officer or Director

_____ Date