## ·2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # P01000056918** UNITED COMMUNITY REALTY CORP. Principal Place of Business Mailing Address 11784 W SAMPLE ROAD 11784 W SAMPLE ROAD CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 CR2E034 (11/05) 03102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1113481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOSBERG, ANDREW 11784 W SAMPLE ROAD CORAL SPRINGS, FL 33065 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOSBERG, ANDREW NAME STREET ADDRESS 11784 W SAMPLE ROAD CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE SOLOMON, HOWARD NAME 11784 W SAMPLE ROAD STREET ADDRESS 000000859907 04/02/08-80041-015 150.00 CORAL SPRINGS, FL 33065 TITLE DE YORGI, WAYNE NAME 11784 W. SAMPLE RD STREET ADDRESS DO NOT WRITE CORAL SPRINGS, FL 33065 CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address with all other time empowered.

SIGNATURE:

NAME STREET AODRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

ON 954-752-8119

**FILED**