
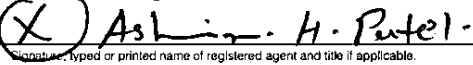



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90013 025 \*\*\*150.00

<b>DOCUMENT # P01000070171</b> 1. Entity Name <b>A &amp; H UNITED INC.</b>					
Principal Place of Business <b>355 KNOX MCRAE DR TITUSVILLE, FL 32780</b>			Mailing Address <b>355 KNOX MCRAE DR TITUSVILLE, FL 32780</b>		
2. Principal Place of Business <b>2815 W. Jay Jay Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>2815 W. Jay Jay Rd</b> Suite, Apt. #, etc.			
City & State <b>Titusville FL</b>		City & State <b>Titusville FL</b>		4. FEI Number <b>59-3744277</b>	
Zip <b>32796</b>		Country <b>Brevard</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATEL, HITESH 355 KNOX MCRAE DR TITUSVILLE, FL 32780</b>			7. Name and Address of New Registered Agent Name <b>PATEL, Ashvin</b> Street Address (P.O. Box Number is Not Acceptable) <b>2815 W Jay Jay Rd</b> City <b>Titusville</b> <b>FL</b> Zip Code <b>32796</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  <b>Ashvin H. Patel</b> DATE <b>01-05-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, HITESH</b> <b>355 KNOX MCRAE DR</b> <b>TITUSVILLE, FL 32780</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, ASHVIN</b> <b>1820 CHENEY HWY</b> <b>TITUSVILLE, FL 32780</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  <b>Ashvin H. Patel</b>			Date <b>01-05-05</b>		

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01042005 Chg-P CR2E034 (10/03)