

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90061 020 \*\*\*150.00

<b>DOCUMENT # P02000031942</b>	
1. Entity Name <b>UNITED EQUITY HOLDINGS, INC.</b>	

Principal Place of Business <b>1260 SE INDUSTRIAL BLVD PORT SAINT LUCIE, FL 34952</b>	Mailing Address <b>P.O. BOX 7213 PORT ST. LUCIE, FL 34985-7213</b>
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2. Principal Place of Business <b>1260 SE Industrial Blvd.</b>	3. Mailing Address <b>PO Box 7213</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State <b>Port St. Lucie, FL</b>	City & State <b>Port St. Lucie, FL</b>	4. FEI Number <b>04-3621343</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34952</b>	Country <b>US</b>	Zip <b>34985-7213</b>	Country <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MARSTON, KENNETH 10225 SE LENNARD ROAD PORT ST. LUCIE, FL 34952</b>	Name <b>Kenneth J Marston Jr.</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>1260 SE Industrial Blvd.</b>
	City <b>Port St. Lucie</b> FL Zip Code <b>34952</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MARSTON, KENNETH P.O. BOX 7213 PORT ST. LUCIE, FL 349857213</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST Marston, Kenneth J, Jr. 1260 SE Industrial Blvd. Port St Lucie, FL. 34952</b> <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
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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: *[Signature]* **1-25-05** **722-398-3330**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #