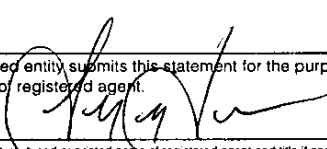


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90130 040 ***150.00

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| DOCUMENT # P02000112697 1. Entity Name UNIT 2006 INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 | | | Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 82-0572516 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 03092006 Chg-P CR2E034 (11/05) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name: Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable): 520 Brickell Key Drive. Suite 0-305 City: Miami FL Zip Code: 33131 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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:  Samuel P. Haven 3/16/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> D FERNANDEZ FERNANDEZ, JOSE LUCIANA <input type="checkbox"/> Delete 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FERNANDEZ FERNANDEZ, JOSE LUCIANA <input type="checkbox"/> Delete 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE:  Jose Luciana Fernandez 3/16/06 (305) 374-3800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |