2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 23, 2005 08:00 AM Secretary of State **DOCUMENT # P03000014075** 1. Entity Name UNITED NETWORK TECHNOLOGY GROUP INC. Mailing Address Principal Place of Business 9530 SW 143RD CT. 9530 SW 143RD CT. MIAMI, FL 33186 MIAMI, FL 33186 03022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 30-0153208 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE CHANG, ANDRE 9530 SW 143RD CT. MIAMI, FL 33186 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. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. TITI F NAME CHOW, ALEXIS U00000325668 9530 SW 143RD CT. STREET ADDRESS 04/23/05-80024-025 150.00 CITY-ST-ZIP MIAMI, FL 33186 TITLE CHANG, ANDRE NAME STREET ADDRESS 9530 SW 143RD CT. CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of 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.

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED