


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000014075
 1. Entity Name
 UNITED NETWORK TECHNOLOGY GROUP INC.



Principal Place of Business
 9530 SW 143RD CT.
 MIAMI, FL 33186

Mailing Address
 9530 SW 143RD CT.
 MIAMI, FL 33186



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 30-0153208

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANG, ANDRE
 9530 SW 143RD CT.
 MIAMI, FL 33186

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOW, ALEXIS 9530 SW 143RD CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANG, ANDRE 9530 SW 143RD CT. MIAMI, FL 33186
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 04/23/05-80024-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andre Chang Date: 4/21/05 Daytime Phone #: (786) 573-3610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR