

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90303 010 ***150.00

DOCUMENT # P03000034298 1. Entity Name UNITED COUNTRY - PULSAR REALTY GROUP, INC.					
Principal Place of Business 2780 N. FLORIDA AVE SUITE 1 HERNANDO, FL 34442 US			Mailing Address 2780 N. FLORIDA AVE SUITE 1 HERNANDO, FL 34442 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 50-0007837			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MALM, ROBERT J 4591 W. RANGER ST. BEVERLY HILLS, FL 34465			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete			
NAME	MALM, ROBERT J				
STREET ADDRESS	4591 W. RANGER ST				
CITY-ST-ZIP	BEVERLY HILLS, FL 34465				
TITLE	VP	☐ Delete			
NAME	MALM, VICTORIA L				
STREET ADDRESS	85 MANCHESTER ST				
CITY-ST-ZIP	WEST WARWICK, RI 02893				
TITLE	SEC	☐ Delete			
NAME	MALM, KATHRYN M				
STREET ADDRESS	4591 W RANGER ST				
CITY-ST-ZIP	BEVERLY HILLS, FL 34465				
TITLE	TREA	☐ Delete			
NAME	MOONE, FREDERICK E				
STREET ADDRESS	545 MONROE ST				
CITY-ST-ZIP	BEVERLY HILLS, FL 34465				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Robert J Malm</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4-20-06</u> <u>352-637-3010</u> Date Daytime Phone #		