

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 022 ***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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 50-0007837	
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		
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.			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALM, ROBERT J 4591 W. RANGER ST BEVERLY HILLS, FL 34465	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALM, VICTORIA L 85 MANCHESTER ST WEST WARWICK, RI 02893	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MALM, KATHRYN M 4591 W RANGER ST BEVERLY HILLS, FL 34465	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MOONE, FREDERICK E 545 MONROE ST BEVERLY HILLS, FL 34465	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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 807, 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> <u>3-27-2007</u> <u>352-637-3010</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					