

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90014 047 ***158.75

DOCUMENT # P03000088750					
1. Entity Name THOMAS UNITED, INC.					
Principal Place of Business 12700 METRO PKWY UNIT #3 FT. MEYERS, FL 33966			Mailing Address 12700 METRO PKWY UNIT #3 FT. MEYERS, FL 33966		
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 45-0521791	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, DAVID L 28000 SPANISH WELLS BLVD STE 220 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name <u>DEBORAH THOMAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>8852 FAWN RIDGE DR.</u> City <u>FORT MYERS</u> <u>FL</u> Zip Code <u>33912</u>		
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 <u>Deborah S. Thomas</u> DATE <u>3/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, MICHAEL A 8852 FAWN RIDGE DR FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, DEBORAH S 8852 FAWN RIDGE DR. FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>Deborah S. Thomas</u> <u>DEBORAH THOMAS</u> <u>3/10/08</u> <u>239-561-7446</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					