2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

 I hereby certify that the information of indicated on this report or supplemental of the corporation or the receive or trus if changed, or on an attachment with p

SIGNATURE:

address.

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with all other

## **FILED** Mar 02, 2006 08:00 AN DOCUMENT # P03000095664 1. Entity Name **Secretary of State** UNITED FINANCE GROUP, INC. Principal Place of Business Mailing Address 225 NE MIZNER BLVD 225 NE MIZNER BLVD **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0197552 Not Applicable Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOSCANO, ANTHONY Street Address (P O Box Number is Not Acceptable) 225 NE MIZNER BLVD #300 **BOCA RATON FL 33432** City 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 (NO<sup>7</sup>E Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. HITLE 🗆 Delete TISTE ☐ Change Addition H0000004535 NAME TOSCANO, ANTHONY 1800000453536 03/14/06-80025-019 150.00 NAME STREET ADDRESS 225 NE MIZNER BLVD #300 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE Change Addition NAME TOSCANO, MICHELE NAME STREET ADDRESS 225 NE MIZNER BLVD #300 STREET ADDRESS CHY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Deiete HILE ☐ Change Addition NAME TOSCANO, IDA STREET ADDRESS STREET ADDRESS 225 NE MIZNER BLVD #300 CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP HILE ☐ Delete DHE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST- ZIP ☐ Delete HILE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

on adopted with this filing does not quality for the exemptions contained in Section 119. Florida Statutes. I further certify that the information prental jeport 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 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