


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90020 035 ***158.75

DOCUMENT # P03000117286	
1. Entity Name UNITED ENERGY SERVICES, INC.	

Principal Place of Business 11705 BOYETTE ROAD SUITE 219 RIVERVIEW, FL 33569	Mailing Address 11705 BOYETTE ROAD SUITE 219 RIVERVIEW, FL 33569
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44028231

2. Principal Place of Business 15432 MARTIN MEADOW DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02062004 Chg-P GR2E034 (10/03)

City & State LITHIA, FL	City & State
Zip 33547	Country HILLSBOROUGH

4. FEI Number 90-0124367	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ, RENE 15432 MARTIN MEADOW DR LITHIA, FL 33547	
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7. Name and Address of New Registered Agent	
Name JUSTIN BISHOP	
Street Address (P.O. Box Number is Not Acceptable) 832 NORMANDY TRACE DR.	
City TAMPA	FL Zip Code 33602

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 *Justin Bishop* DATE 04/06/04
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANCHEZ, RENE 15432 MARTIN MEADOW DR LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT (V) JUSTIN BISHOP 832 NORMANDY TRACE DR TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Justin Bishop* DATE 4/6/04 DAYTIME PHONE # 813-685-0502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR