

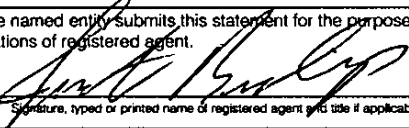
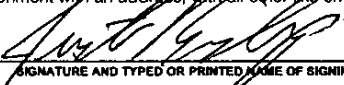


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 025 ***150.00

DOCUMENT # P03000117286 1. Entity Name UNITED ENERGY SERVICES, INC.					
Principal Place of Business 202 S 22ND ST SUITE 108 TAMPA, FL 33605			Mailing Address 202 S 22ND ST SUITE 108 TAMPA, FL 33605		
2. Principal Place of Business 2412 SW Riviera Rd.		3. Mailing Address 2412 SW Riviera Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02162006 Chg-P CR2E034 (11/05)	
City & State Stuart FL		City & State Stuart FL		4. FEI Number 90-0124367	
Zip 34997		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, JUSTIN 202 S 22ND STREET SUITE 108 TAMPA, FL 33605		7. Name and Address of New Registered Agent Name Justin Bishop Street Address (P.O. Box Number is Not Acceptable) 2412 SW Riviera Rd. City Stuart FL Zip Code 34997			
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 - V.P.		2/21/06	
(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PST SANCHEZ, RENE 15432 MARTIN MEADOW DR LITHIA, FL 33547		<input checked="" 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	VP BISHOP, JUSTIN 2412 SW RIVIERA ROAD STUART, FL 34997		<input type="checkbox"/> Delete	President Justin Bishop 2412 SW Riviera Rd. Stuart, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 - V.P.		2/24/06 772-260-8877	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	