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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000154666

1. Entity Name
UNITED TRUST INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
92 SADBERRY ROAD	92 SADBERRY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: QUINCY, FL	City & State: QUINCY, FL
Zip: 32351 Country: USA	Zip: 32351 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC

7. Name and Address of New Registered Agent

Name: A1A REGISTERED AGENT INC

Street Address (P.O. Box Number is Not Acceptable):

92 SADBERRY ROAD

City: QUINCY FL Zip Code: 32351

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: MAEIELA LIPSON 09/07/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in all cases.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 MICHAELA KUEPPERS DIETRICHSTRASSE 27 DUESSELDORF, GERMANY D-40229 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUC VAN OOSTENDE DIETRICHSTRASSE 27 DUESSELDORF, GERMANY D-40229 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Ralf Bartels DIETRICHSTRASSE 27 DUESSELDORF, GERMANY D-40229 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 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: M. Küppers MICHAELA KUEPPERS 08-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

P03000154666

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04 SEP 29 AM 8:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DATE: 08/20/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: MICHAELA KUEPPERS
UNITED TRUST INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR REINSTATMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 00491632924462

FAX NUMBER is: 001492112495974

THANKS,

M. Kueppers (pres)

MICHAELA KUEPPERS, PRESIDENT
UNITED TRUST INC.