


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90045 025 \*\*\*150.00

<b>DOCUMENT # P04000013723</b> 1. Entity Name <b>UNITED GLOBAL TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>7040 PALMETTO PARK ROAD 4-124 BOCA RATON, FL 33433</b>			Mailing Address <b>7040 PALMETTO PARK ROAD 4-124 BOCA RATON, FL 33433</b>		
2. Principal Place of Business <b>1489 West Palmetto Pk Rd</b>		3. Mailing Address <b>6320 NW 72nd Place</b>			
Suite, Apt. #, etc. <b>#400</b>		Suite, Apt. #, etc. 			
City & State <b>Boca Raton FL</b>		City & State <b>Parkland, FL</b>		4. FEL Number <b>56-2430023</b>	
Zip <b>33486</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DEWEES, LEDYARD H 7040 PALMETTO PARK ROAD 4-124 BOCA RATON, FL 33433</b>			7. Name and Address of New Registered Agent Name <b>Richard Linz</b> Street Address (P.O. Box Number is Not Acceptable) <b>6320 NW 72nd Place</b> City <b>Parkland</b> <b>FL</b> Zip Code <b>33067</b>		
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 <b>Richard Linz Pres</b> <span style="float: right;">02/11/05</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President P Richard Linz 6320 NW 72nd Place Parkland, FL 33067</b> <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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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: <b>Richard Linz Pres.</b> <span style="float: right;">02/11/05 (561) 416-9479</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					