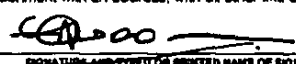


6/15/

FILED
Aug 08, 2005 8:00 am
Secretary of State

06-15-2005 90093 020 ***150.00
 08-08-2005 90046 011 ***400.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000016156					
1. Entity Name UNIBOX INTERNATIONAL, INC.					
Principal Place of Business 301 N. CATTLEMEN ROAD SUITE 205 SARASOTA, FL 34232			Mailing Address 301 N. CATTLEMEN ROAD SUITE 205 SARASOTA, FL 34232		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55/0877973	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WOOLFREY, NICHOLAS 301 N. CATTLEMEN ROAD SUITE 205 SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. (NOTE: Registered Agent Signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$350.00 Due by September 7, 2006		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	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WOOLFREY, NICHOLAS		NAME		
STREET ADDRESS	301 N. CATTLEMEN ROAD SUITE 205		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL 34232		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WOOLFREY, BENJAMIN		NAME		
STREET ADDRESS	301 N. CATTLEMEN ROAD SUITE 205		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL 34232		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  NICHOLAS WOOLFREY : 31.5.05.(0044-1189343777) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Online Filing #					

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05162005 Chg-P CR2E034 (10/03)