2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# P04000026441

Entity Name: UNITED BULLNOSE & COPING, INC.

Current Principal Place of Business:

7608 EMERALD DR.
WEST MELBOURNE, FL 32904

New Principal Place of Business:

7608 SILVER SANDS DR.
WEST MELBOURNE, FL 32904

Current Mailing Address:

7608 EMERALD DR.
WEST MELBOURNE, FL 32904

New Mailing Address:

7608 SILVER SANDS DR.
WEST MELBOURNE, FL 32904

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSMUN, WILLIAM
207 LOGGERHEAD DR.
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: OSMUN, WILLIAM
Address: 207 LOGGERHEAD DR.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: P ( ) Delete
Name: GRIMALDI, JEFFREY
Address: 1650 SOUTHWEST CAISOR AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S ( ) Delete
Name: BULLERS, JACK
Address: 501 WINTER GARDEN PARKWAY
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM OSMUN T 03/27/2007
Electronic Signature of Signing Officer or Director — Date