2008 FOR PROFIT CORPORATION

Jan 28, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P04000130597 01-28-2008 90040 046 ***150.00 1. Entity Name UNITED PRODUCTION SERVICES, INC. Principal Place of Business Mailing Address 4391 SW 141 AVE 4391 SW 141 AVE DAVIE, FL 33330 **DAVIE, FL 33330** 01042008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3639065 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARIAS, WASHINGTON M DO NOT WRITE 4391 SW 141 AVE **DAVIE, FL 33330** IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ARIAS, WASHINGTON M NAME STREET ADDRESS 4391 SW 141 AVENUE CITY-ST-ZIP **DAVIE, FL 33330** TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 attachmer

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED