


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # P04471

1. Entity Name
 UNITOR SHIPS SERVICE, INC.



Principal Place of Business ATTN: TAX AND LEAGAL 9400 NEW CENTURY DR. PASADENA, CA 77507 US	Mailing Address ATTN: TAX AND LEAGAL 9400 NEW CENTURY DR. PASADENA, CA 77507 US
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DO NOT WRITE IN THIS SPACE



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0123280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATTON, COLIN 9400 NEW CENTURY DRIVE PASADENA, TX 77507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FLO, THOMAS 9400 NEW CENTURY DRIVE PASADENA, TX 77507
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100000763003
 05/29/07-80036-016-158-75

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____