


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90021 008 ***150.00

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| DOCUMENT # P05000014450 |  |
| 1. Entity Name UNITED MASCOTTE INC | |

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| Principal Place of Business 268 E MYERS BLVD, MASCOTTE FL 34753 | Mailing Address 268 E MYERS BLVD, MASCOTTE FL 34753 |
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|---|-----------------------------------|
| 2. Principal Place of Business 268 E myers blvd | 3. Mailing Address Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/05)

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|---|--------------|
| City & State mascotte Florida | City & State |
| Zip 34753 | Country |
| Zip | Country |

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|------------------------------------|--|
| 4. FEI Number 20-2269270 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KHDEIR, MOHAMMAD A 7913 WEXFORD PARK DR APT 103 TAMPA FL 33610 | |
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| 7. Name and Address of New Registered Agent Name Abukhdeir Mohammad Street Address (P.O. Box Number is Not Acceptable) 4243 Worthington Place City mascotte FL Zip Code 34753 | |
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

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| FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P,VP KHDEIR, MOHAMMAD A 7913 WEXFORD PARK DR APT 103 TAMPA FL 33610 <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 exemptions contained in Section 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  **1-25-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #