

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
4 May 09, 2006 8:00 am
Secretary of State

04-20-2006 90185 021 ***150.00

DOCUMENT # P05000120269			
1. Entity Name UNITED FRANCHISE GROUP, INC.			
Principal Place of Business 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411 US		Mailing Address 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GUTMAN, KEN 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 02152008 Chg-P CR2E034 (11/05) ☒ Applied For Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
: 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 rechartering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P.D TITUS, RAY 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D LEE, ELLEN 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>Ray Titus</i> PRESIDENT		Date: 4/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	