

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35660

Entity Name: UNITED FORMING, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

470 RIVERSIDE PARKWAY
AUSTELL, GA 30168

New Principal Place of Business:

Current Mailing Address:

470 RIVERSIDE PARKWAY
AUSTELL, GA 30168

New Mailing Address:

FEI Number: 58-1604050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PCEO () Delete
Name: OWENS, TOM,
Address: EDEN III UNIT W-207 16281 PERDIDO KEY
City-St-Zip: PENSACOLA, FL 32507

Title: ST () Delete
Name: SWANSON, KEVIN
Address: 1946 FREEPORT CIRCLE
City-St-Zip: LAWRENCEVILLE, GA 30044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change () Addition
Name: SWANSON, KEVIN
Address: 1946 FREEPORT CIRCLE
City-St-Zip: LAWRENCEVILLE, GA 30044

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE KENNER

ACCT

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date