## 2007 FOR PROFIT CORPORATION

**FILED** 00 AM tate

DOCUMENT # P93000013155	Secretary of St
1. Entity Name UNIFIED ENTERPRISES, INC.	
Principal Place of Business         Mailing Address           29296 US 19 NORTH         29296 US 19 NORTH           SUITE 104         SUITE 104           CLEARWATER, FL         CLEARWATER, FL 33761	
<u>-</u>	01092007 No Chg-P CR2E034 (11/05)  4. FEI Number
RIOS, JAN 29296 US HWY 19TH SUITE 104 CLEARWATER, FL 33761	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.  SIGNATURE  Signature, typeo of printed name of registered agent and title if applicable.  (NOTE: Registered Agent agnature required with the purpose of changing its registered office or registered agent.	01/08/2007 (nen reinstating) DATE
	U00000533817 01/22/07-80046-025 150.00
10. OFFICERS AND DIRECTORS  TITLE PSTD NAME RIOS, JAN STREET ADDRESS 29296 US HWY 19 N #104 CITY-SI-ZIP CLEARWATER, FL 33761  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	

12. I nereby 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 pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAMÉ STREET ADDRESS CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007