


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000054755**  
 1. Entity Name  
 UNITED TURBINE TECHNOLOGIES, INC.



Principal Place of Business 4790 NW 157 STREET MIAMI, FL 33014	Mailing Address 4790 NW 157 STREET MIAMI, FL 33014
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**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0505749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SEPLER, RICHARD M  
 2997 DAY AVE  
 MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000938949  
 05/28/08-80010-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASSENFRAZ, WALLY 4970 NW 157 ST MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEPLER, RICHARD 2997 DAY AVE MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Wallace Hassenfratz 04/28/08 305 625 4900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #