
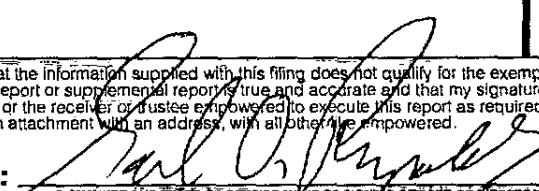


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

| | | | | | | |
|--|--|--|------------------------------------|--------------------------------------|---|--|
| DOCUMENT # P95000021668 | |  | | | | |
| 1. Entity Name UNITED MACHINING SERVICE, INC. | | | | | | |
| Principal Place of Business 2410 COOLIDGE AVE ORLANDO, FL 32804 US | | Mailing Address 2410 COOLIDGE AVE ORLANDO, FL 32804 US | | | | |
| <div style="text-align: right;">02152005 No Chg-P CR2E034 (10/03)</div> <table border="1" style="width: 100%;"><tr><td>4. FEI Number 59-3305462</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table> | | | 4. FEI Number 59-3305462 | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 4. FEI Number 59-3305462 | Applied For Not Applicable | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | |
| 6. Name and Address of Current Registered Agent REYNOLDS, SAMUEL 2410 COOLIDGE AVE ORLANDO, FL 32804 | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small> | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REYNOLDS, SAMUEL D 640 CLAYTON ST ORLANDO, FL 32804 | | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 duly empowered. | | | | | | |
| SIGNATURE:  SAMUEL D. REYNOLDS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | |

000000235240
02/18/05-80054-005 150.00

2-15.05 **407/462-7710**
Daytime Phone #