

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000095057

1. Entity Name

UNITED CAPITAL RESOURCES, INC.



Principal Place of Business

933 LEE ROAD
SUITE 400
ORLANDO, FL 32810 US

Mailing Address

933 LEE ROAD
SUITE 400
ORLANDO, FL 32810 US



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3415758

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, CLAIRE
933 LEE ROAD, STE 400
ORLANDO, FL 32810

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

1100000539840
05/09/06-80117-004 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
DANIEL, G. E. JR.
STREET ADDRESS
933 LEE RD SUITE 400
CITY-ST-ZIP
ORLANDO, FL 32810

TITLE
NAME
D
JOHNSON, ROBERT N
STREET ADDRESS
933 LEE RD SUITE 400
CITY-ST-ZIP
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Robert N Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06
Date

407-629-7499
Daytime Phone #