2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P97000012212** 1. Entity Name UNTERHALTER & CO., INC. Principal Place of Business Mailing Address 13472 HAONTHOOURT 11924 FOREST HILL BLVD WELLINGTON FL 33414 SUTE 22 - 168 West Palmbeach, Fl. 33414 04262007 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0741595 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWARTZ, HEIDI DO NOT WRITE 13472 HYACINTH COURT WELLINGTON, FL 33414 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 U00000745277 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 05/16/07-80022-004 150.00 OFFICERS AND DIRECTORS 10. TITLE SWARTZ, HEIDI STREET ADDRESS 13472 HYACINTH COURT CITY-ST-ZIP WELLINGTON, FL 33414 NAME STREET ADDRESS CITY-ST-ZIP TIRE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 redelver 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:

NAME STREET ADDRESS CITY-ST-ZIP

HOWATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

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