


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 798000030523		
1. Entity Name UNION CREDIT HOLDING, INC.		
Principal Place of Business 262 CARSWELL AVE. UNIT C HOLLY HILL, FL 32117		Mailing Address 1648 TAYLOR ROAD #422 PORT ORANGE, FL 32128
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARTLETT, LAURENCE H 1800 W INTERNATIONAL SPEEDWAY BLVD STE 201 DAYTONA BEACH, FL 32114		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) Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PDS VASILE, CARL 262 CARSWELL AVE. UNIT C HOLLY HILL, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3540981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000420711
02/16/06-80009-001 150.00

**DO NOT WRITE
IN THIS SPACE**

7/31/06
Date

Daytime Phone #