

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90023 025 ***150.00

DOCUMENT # P99000023450
 1. Entity Name
UNITED MORTGAGE AFFILIATES, INC.



Principal Place of Business
6444 US HWY 41 N
APOLLO BEACH, FL 33572 US

Mailing Address
6213 MARBELLA BLVD
APOLLO BEACH, FL 33572

50006726

2. Principal Place of Business
6482 US 41 North.
 Suite, Apt. #, etc.

3. Mailing Address
6482 US 41-North
 Suite, Apt. #, etc.



01142005 Chg-P CR2E034 (10/03)

City & State
Apollo Beach, FL

City & State
Apollo Beach, FL

Zip Country Zip Country
33572 USA 33572 USA

4. FEI Number
59-3559357

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75** Additional Fee Required

VANDERMAST, LEONARD III
6213 MARBELLA BLVD
APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Leonard Vandermast III* **Leonard Vandermast III** **1/24/05**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) President/Reg. Agent DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	VANDERMAST, LEONARD III	6213 MARBELLA BLVD	APOLLO BEACH, FL 33572	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Leonard Vandermast III* **Leonard Vandermast III** **1/24/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (813) 645-4588