

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023498

FILED
Apr 19, 2005
Secretary of State

Entity Name: UNITED CAPITAL MARKETS HOLDINGS, INC.

Current Principal Place of Business:

772 RIDGEWOOD RD.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

240 CRANDON BLVD.
SUITE 167
KEY BISCAYNE, FL 33149

Current Mailing Address:

772 RIDGEWOOD RD.
KEY BISCAYNE, FL 33149

New Mailing Address:

240 CRANDON BLVD.
SUITE 167
KEY BISCAYNE, FL 33149

FEI Number: 65-0903364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, JUAN C
THE COLONNADE, STE. 710
2333 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEVANEY, D. JOHN
Address: 772 RIDGEWOOD RD.
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DEVANEY, D. JOHN
Address: 240 CRANDON BLVD., SUITE 167
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. JOHN DEVANEY

CEO

04/19/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date