2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # P99000076247 Mar 14, 2007 08:00 AM **Secretary of State** UNITED BROKERS INTERNATIONAL, INC. Mailing Address Principal Place of Business 6760 PALEMO WAY 6760 PALEMO WAY LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 CR2E034 (11/05) No Chg-P 03102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0947733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RYAN, JAMES D DO NOT WRITE 11891 US HWY ONE, #201 NORTH PALM BEACH, FL 33408 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE RICHARDS, SCOTT NAME STREET ADDRESS 6760 PALMERO WAY U00000865830 CITY-ST-ZIP LAKE WORTH, FL 33467 03/23/07-80045-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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 a 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 at other the empowered.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #