

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109022

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: UNITED SOLUTIONS GROUP, INC.

## Current Principal Place of Business:

1602 E PLAZA DR  
STE 102  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5887  
TALLAHASSEE, FL 32314

## New Mailing Address:

FEI Number: 59-3628544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, F. PALMER  
2010 DELTA BLVD.  
TALLAHASSEE, FL 32303 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: CROMER, RAY E JR  
Address: 1605-102 E. PLAZA DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: FYE, RONALD W  
Address: 2330 MAHAN DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: MCCASKEY, MARION  
Address: 345 S. MAGNOLIA DR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: ENFINGER, WILLIAM C  
Address: 303 E. WASHINGTON ST.  
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D ( ) Delete  
Name: DAVIS, JR, LOUIS  
Address: 1400 E. PARK AVE  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LISA D. BROWN, CCUE, CONTROLLER

CONT

04/02/2007

Electronic Signature of Signing Officer or Director

Date