2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 08:00 AM DOCUMENT # \$22188 **Secretary of State** 1. Entity Name UNIQUE UNITS, INC. Principal Place of Business Mailino Address 2610 ORCHID LN 2610 ORCHID LN KISSIMMEE FL 34744 KISSIMMEE FL 34744 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-3043954 Not Applicable Z_{P} Country Z_{iD} Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNDLEY, DENISE G Street Address (P.O. Box Number is Not Acceptable) 2610 ORCHID LN KISSIMMEE FL 34744 Zip Code City 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. Signature, typed or protop name of registered agent and title if applicable DATE (NOTE Recustored Agent signature (ngured when recustable) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete IIILE T35LE Change ☐ Addition MAME HUNDLEY, DENISE NAMÉ STREET ADDRESS U00000467773 03/24/06-80004-016 150,00 STREET ADDRESS 2610 ORCHID LN CITY-SI-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 TITLE ☐ Deinte ☐ Change Addition TITLE NAME MANTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Chance ☐ Addition ☐ Delete TITLE THILE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 7071.8 NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Detete ☐ Change TITLE TITLE NAMA MAME STREET ADDRESS STREET ADDRESS CATY-ST-ZR CATY-ST-ZIP Defete ☐ Change Addition THE mli NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 attackment with an address, with all other like impowered.

SIGNATURE:

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