

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90828 038 ***158.75

DOCUMENT # S26336 1. Entity Name UNITED IMAGE TECHNOLOGIES, INC.					
Principal Place of Business 300 PRIMERA BLVD STE 100 LAKE MARY, FL 32746			Mailing Address 255 PRIMERA BLVD STE 160 LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box # 255 PRIMERA BLVD STE 160		3. Mailing Address Suite, Apt. #, etc. SUITE 160			
City & State LAKE MARY, FL		City & State 		4. FEI Number 59-3070270	
Zip 32746		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent SNYDER, JEFF 255 PRIMERA BLVD STE 160 LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHER, KENNETH M. 255 PRIMERA BLVD STE 160 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHER, KEITH M 300 PRIMERA BLVD STE 100 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANZE, DAVID M 255 PRIMERA BLVD STE 160 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GC SNYDER, JEFF 255 PRIMERA BLVD STE 160 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MIHAL, JAMES 300 PRIMERA BLVD STE 100 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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:			4/19/07 407-875-2120		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40092590



04192007 Chg-P CR2E034 (12/06)