


**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90008 045 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F03000001164</b> 1. Entity Name <b>UCN, INC.</b>	
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**40042224**

Principal Place of Business <b>14870 SOUTH PONY EXPRESS ROAD          BLUFFDALE, UT 84065</b>	Mailing Address <b>14870 SOUTH PONY EXPRESS ROAD          BLUFFDALE, UT 84065</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>87-0528557</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>NRAI SERVICES, INC.          2731 EXECUTIVE PARK DRIVE          SUITE 4          WESTON, FL 33331</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>STERN, TED</b> <input type="checkbox"/> Delete <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kevin Childs</b> <b>14870 South Pony Express Road</b> <b>Bluffdale, UT 84065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOCE</b> <input type="checkbox"/> Delete <b>JARMAN, PAUL</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Brian Mooreley</b> <b>14870 South Pony Express Road</b> <b>Bluffdale, UT 84065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>OZANNE, JAMES</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Scott Welch</b> <b>14870 South Pony Express Road</b> <b>Bluffdale, UT 84065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>SMITH, G. DOUGLAS</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Paul Kerpe</b> <b>14870 South Pony Express Road</b> <b>Bluffdale, UT 84065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS</b> <input type="checkbox"/> Delete <b>PARTRIDGE, KIMM</b> <b>14870 S PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Blake Fisher</b> <b>14870 South Pony Express Road</b> <b>Bluffdale, UT 84065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BARNETT, STEVE</b> <b>14870 SOUTH PONY EXPRESS ROAD</b> <b>BLUFFDALE, UT 84065</b>	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: *K E Partridge* *Kimm Partridge* *3-27-07* *(866) 541-0000*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dvertime Phone #