


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90090 028 \*\*\*150.00

<b>DOCUMENT # F06000006363</b>					
1. Entity Name UNITED INDEPENDENT INC.					
Principal Place of Business 1181 CALIFORNIA AVE. 101-B CORONA, CA 92881			Mailing Address 1181 CALIFORNIA AVE. 101-B CORONA, CA 92881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1921189	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		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	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREY, ROBERT W		NAME		
STREET ADDRESS	15901 RED HILL AVE SUITE #200		STREET ADDRESS		
CITY-ST-ZIP	TUSTIN, CA 927807318		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, STEPHEN		NAME		
STREET ADDRESS	15901 RED HILL AVE SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	TUSTIN, CA 927807318		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANNING, TAMMY C		NAME	Secretary Tammy C. Manning	
STREET ADDRESS	15901 RED HILL AVE SUITE 200		STREET ADDRESS	1181 California Ave, Suite 101B	
CITY-ST-ZIP	TUSTIN, CA 927807318		CITY-ST-ZIP	Corona, CA 92881	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director James Pakarek	
STREET ADDRESS			STREET ADDRESS	1181 California Ave, Suite 101B	
CITY-ST-ZIP			CITY-ST-ZIP	Corona, CA 92881	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	President Oscar Legaspi	
STREET ADDRESS			STREET ADDRESS	1181 California Ave, Suite 101B	
CITY-ST-ZIP			CITY-ST-ZIP	Corona, CA 92881	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director Roxane Al-Fayez	
STREET ADDRESS			STREET ADDRESS	1181 California Ave, Suite 101B	
CITY-ST-ZIP			CITY-ST-ZIP	Corona, CA 92881	
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: <i>Tammy C. Manning</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/21/08 Daytime Phone #: 951-898-5085	

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