2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505471

Entity Name: EPIC COMMUNITIES, INC.

FILED Feb 18, 2006 Secretary of State

Current Principal Place of Business: 9260 SW 85TH ST MIAMI, FL 33173 US			New Principal Place of Business:			
Current Mailing Address:			New Mailing Address:			
9260 SW 85TH ST MIAMI, FL 33173 US			13303 BRIAR FOREST COURT ORLANDO, FL 32825 US			
FEI Number:	59-1676764	FEI Number Applied For () FEI Nur	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				ame and Address of New Registered Agent:		
SEMET, BARRY 201 ALHAMBRA CIRCLE, 8TH FLR CORAL GABLES, FL 33134 US						
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	S (DIMERCURIO 9260 SW 85T MIAMI, FL 33	H ST	Title: Name: Address: City-St-Zip:	D (X DIMERCURIO, 9260 SW 85TH MIAMI, FL 331	I ST	
Title: Name: Address: City-St-Zip:	T (2 CHAN, FLORE 9260 SW 85T MIAMI, FL 33	H STREET	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (LOPEZ, JOAN 9260 SW 85T MIAMI, FL 33	H STREET	Title: Name: Address: City-St-Zip:	D (X LOPEZ, JOANN 9260 SW 85TH MIAMI, FL 331	STREET	
Title [.]	VP () Delete	Title:	D (X	Change () Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

DIMERCURIO, ALBERT

9260 SW 85TH STREET

DIMERCURIO, ANTHONY J

(X) Change () Addition

MIAMI, FL 33172

9260 SW 85TH ST

MIAMI, FL 33173

SIGNATURE: SEAN DIMERCURIO D 02/18/2006

DIMERCURIO, ALBERT A

DIMERCURIO, ANTHONY J

() Delete

9260 SW 85TH STREET

MIAMI, FL 33172

9260 SW 85TH ST

MIAMI, FL 33173

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: