2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505471

City-St-Zip: ORLANDO, FL 32828

Entity Name: EPIC COMMUNITIES, INC.

FILED Jan 15, 2009 Secretary of State

Current B	ringinal Bloo	of Business	New Bringing Blo	on of Business
Current Principal Place of Business:			New Principal Place of Business:	
	IAR FOREST (D, FL 32828	COURT US		
Current Mailing Address:			New Mailing Address:	
	IAR FOREST (D, FL 32828	COURT US		
FEI Number	: 59-1676764	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	s of New Registered Agent:
13303 BRI	IRIO, SEAN N IAR FOREST (D, FL 32828	COURT		
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registe	ered office or registered agent, or both
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	DIMERCURIO,) Delete CHRISTOPHER J FOREST COURT 32828	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DIMERCURIO,	FOREST COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LOPEZ, JOANI	FOREST COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DIMERCURIO,	FOREST COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	DIMERCURIO,) Delete ANTHONY J FOREST COURT	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: SEAN N DIMERCURIO DPST 01/15/2009