

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03591

FILED
Apr 15, 2009
Secretary of State

Entity Name: PULTE REAL ESTATE COMPANY

Current Principal Place of Business:

100 BLOOMFIELD HILLS PKWY
SUITE 300
BLOOMFIELD HILLS, MI 48304

New Principal Place of Business:

Current Mailing Address:

100 BLOOMFIELD HILLS PKWY
SUITE 300
BLOOMFIELD HILLS, MI 48304

New Mailing Address:

FEI Number: 38-2332849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: CONLEY, JOHN
Address: 15700 COLLEGE BOULEVARD
City-St-Zip: LENEXA, KS 66219 US

Title: DCFO () Delete
Name: FREES, VINCENT J
Address: 100 BLOOMFIELD HILLS PKWY SUITE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: VPS () Delete
Name: COOK, STEVEN M
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: AS () Delete
Name: KLYM, JAN M
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: AS () Delete
Name: ZUKOFF, COLETTE R
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: VTAS () Delete
Name: ROBINSON, BRUCE E
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCFO (X) Change () Addition
Name: SCHWENINGER, MICHAEL J
Address: 100 BLOOMFIELD HILLS PKWY SUITE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAN M KLYM

AS

04/15/2009

Electronic Signature of Signing Officer or Director

Date