

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67443

FILED
Mar 13, 2009
Secretary of State

Entity Name: ROBERT ALLEN HOMES, INC.

Current Principal Place of Business:

C/O ROBERT A. MILNE
127 SPINNAKER WAY
PORTSMOUTH, NH 03801 US

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT A. MILNE
127 SPINNAKER WAY
PORTSMOUTH, NH 03801 US

New Mailing Address:

FEI Number: 65-0027914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GITLITZ, STUART H ESQ.
9830 SW 77TH AVENUE
SUITE 200
MIAMI, FL 33156 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: MILNE, ROBERT A
Address: 127 SPINNAKER WAY
City-St-Zip: PORTSMOUTH, NH 03801 US

Title: DVS () Delete
Name: MILNE, MICHELE P
Address: 127 SPINNAKER WAY
City-St-Zip: PORTSMOUTH, US 03801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVS (X) Change () Addition
Name: MILNE, MICHELE P
Address: 127 SPINNAKER WAY
City-St-Zip: PORTSMOUTH, NH 03801 US

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: ROBERT A. MILNE

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date