2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000114935

1. Entity Name
RENTAL HOMES UNLIMITED, INC.

Principal Place of Business	Mailing Address
5007 TAM DR ORLANDO, FL 32808	5007 TAM DR ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

03162006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3682928	Applied For Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLEYAR, WILLIAM
5007 TAM DR
ORLANDO, FL 32808

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	OLEYAR, WILLIAM
STREET ADDRESS	5007 TAM DR
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	V
NAME	HERRICK, ROBERT
STREET ADDRESS	5007 TAM DR
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-80042-006 150.00

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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: _Robt Herrick V.P._ RoBert HeRRick   3/26/06   407 298-6245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #