

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000082344

Entity Name: OWNER BUILDER ALLIANCES,INC

FILED
Jul 18, 2007
Secretary of State

Current Principal Place of Business:

513 US #1
#206
NORTH PALM BCH, FL 33408

New Principal Place of Business:

Current Mailing Address:

513 US #1
#206
NORTH PALM BCH, FL 33408

New Mailing Address:

FEI Number: 65-0665266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBY, ED
513 US #1
#206
NORTH PALM BCH, FL 33408 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBY, ED
Address: 513 US 1 #206
City-St-Zip: NORTH PALM BCH, FL 33408

Title: V P () Delete
Name: FANELLI, MIKE
Address: 3395 LAKE WORTH ROAD, STE #5
City-St-Zip: LAKE WORTH, FL 33461 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V P (X) Change () Addition
Name: FANELLI, MICHAEL
Address: 3395 LAKE WORTH ROAD, STE #5
City-St-Zip: LAKE WORTH, FL 33461 US

Title: VP () Change (X) Addition
Name: FANELLI, SUSAN
Address: 3395 LAKE WORTH ROAD, STE #5
City-St-Zip: LAKE WORTH, FL 33461 US

Title: S () Change (X) Addition
Name: YULE, JEANNE M
Address: 3395 LAKE WORTH ROAD, SUITE #5
City-St-Zip: LAKE WORTH, FL 33461

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: MICHAEL FANELLI

VP

07/18/2007

Electronic Signature of Signing Officer or Director

Date