

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 21, 2009  
Secretary of State**

DOCUMENT# P02000079964

Entity Name: UNLIMITED ENTERPRISES GROUP, INC.

**Current Principal Place of Business:**

1505 ELAINE AVE N  
LEHIGH ACRES, FL 33971 US

**New Principal Place of Business:**

**Current Mailing Address:**

1505 ELAINE AVE N  
LEHIGH ACRES, FL 33971 US

**New Mailing Address:**

FEI Number: 54-2065037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GARCIA, ALAN MR  
1505 ELAINE AVE N  
LEHIGH ACRES, FL 33971 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: PDTE ( ) Delete  
Name: DIAZ, BARBARA L MS  
Address: 1505 ELAINE AVE N  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: OFC ( ) Delete  
Name: GARCIA, ALAN MR  
Address: 1505 ELAINE AVE N  
City-St-Zip: LEHIGH ACRES, FL 33971 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: OFC ( ) Change (X) Addition  
Name: GOMEZ, IVONNE  
Address: 19984 VISTA CIRCLE APT#1  
City-St-Zip: LEHIGH ACRES, FL 33936

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: BARBARA L DIAZ

PDTE

07/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date