## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000028396

WILLARD, DANNY L

STUART, FL 34669

2956 SE DUNE DRIVE

Name:

Address:

City-St-Zip:

FILED Jan 15, 2009 Secretary of State

Entity Nar	me: UNITE	D HOME BUILDE	ERS, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
SUITE #11	RADO BLV RAL, FL 33							
Current Mailing Address:				New Mailing Address:				
SUITE #11	RADO BLV RAL, FL 33							
FEI Number: 02-0681105 FEI Number Applied For ( )			FEI Number Not App	Number Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
SUITE #11 CAPE COR The above	RADO BLV RAL, FL 33: named enti e of Florida.	990 US	atement for the pu	irpose of changing i	ts registere	d office or registered ager	nt, or both,	
Electronic Signature of Registered Agent				nt	Date			
Election Car	npaign Finan	cing Trust Fund Co	ntribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete DSEPH L /ERSIDE DR RS, FL 33901		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition DSEPH L OSA VISTA DR. RS, FL 33901		
Title: Name: Address: City-St-Zip:		( ) Delete FTAB A AMPLE ROAD RINGS, FL 33065		Title: Name: Address: City-St-Zip:	D WILLARD, I 2956 SE D STUART, FI	UNE DRIVE		
Title <sup>.</sup>	s	(X) Delete		Title <sup>.</sup>		( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH L. SEALEY D/P 01/15/2009