2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2006
Secretary of State

DOCUMENT# P03000079718

Entity Name: UNLIMITED BUILDING SOLUTIONS INC

Current Principal Place of Business:

2437 FINCH CIRCLE
CHIPLEY, FL 32428 US

New Principal Place of Business:

5102 TREETOP RD.
GRACEVILLE, FL 32440 US

Current Mailing Address:

PO BOX 416
CHIPLEY, FL 32428 US

New Mailing Address:

PO BOX 133
GRACEVILLE, FL 32440 US

FEI Number: 04-3767179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DANIELS, HANK D
2437 FINCH CIRCLE
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

DANIELS, KARLA A
5102 TREETOP RD.
GRACEVILLE, FL 32440 US

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: KARLA A. DANIELS 10/20/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DANIELS, HANK D
Address: 2437 FINCH CIRCLE
City-St-Zip: CHIPLEY, FL 32428 US

Title: VP ( ) Delete
Name: LEE, ROGER D
Address: 1540 MALLARD COURT
City-St-Zip: TITUSVILLE, FL 32796

Title: S (X) Delete
Name: LEE, LINDA D
Address: 1540 MALLARD COURT
City-St-Zip: TITUSVILLE, FL 32796

Title: T (X) Delete
Name: LEE, LINDA D
Address: 1540 MALLARD COURT
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: DANIELS, HANK D
Address: 5102 TREETOP RD
City-St-Zip: GRACEVILLE, FL 32440 US

Title: COO (X) Change ( ) Addition
Name: DANIELS, KARLA A
Address: 5102 TREETOP RD.
City-St-Zip: GRACEVILLE, FL 32440

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KARLA A. DANIELS COO 10/20/2006
Electronic Signature of Signing Officer or Director Date