2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000158663

Entity Name: URBAN VILLAS INCORPORATED

FILED Nov 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

717 FOREST HILL BLVD 1812 S. OLIVE AVE

WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

717 FOREST HILL BLVD 1812 S. OLIVE AVE

WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33401

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

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

BOWEN, SUSAN A
717 FOREST HILL BLVD
BOWEN, SUSAN A
1812 S. OLIVE AVE

WEST PALM BEACH, FL 33405 US WEST PALM BEACH, FL 33401 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: SUSAN BOWEN 11/29/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: BOWEN, SUSÁN A Name: BOWEN, SUSÁN A Address: 717 FOREST HILL BLVD Address: 1812 S. OLIVE AVE

City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33401

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 BOWEN, STEPHEN T
 Name:
 BOWEN, STEPHEN T

 Address:
 717 FOREST HILL BLVD.
 Address:
 1812 S. OLIVE AVE

City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33401

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: SUSAN BOWEN P 11/29/2007