D05000/0/85

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Houses Unlimited Inc. (Name of Corporation)				
DOCUMENT NUMBER: P05000010185				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Mushtaq Mian. (Name of Contact	t Person)			
Houses Unlimited Inc. (Firm/Company)				
4851 NW 103 Ave. (STE # 44-G) (Address)				
Sunrise, FL 33351				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Mushtaq Mian a (Name of Contact Person)	t (954) 7735373 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpora	22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida see or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Houses Unlim	nited Inc.
		Ave. (STE # 44-G), Sunrise, FL 33351
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification:	Document number: P05000010185
	street address of the current r trnent of State:	registered agent and registered office on file with the
	11470 W. Sample Road	d, Coral Springs, FL 33065
6. The name and (if changed):	4851 NW 103 Ave. (S	istered agent (if changed) and /or registered office TE # 44-G) Sunrise, FL 33351
	· · · · · · · · · · · · · · · · · · ·	d the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution d ne board or the corporation i	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
(Signati	FOO) Lan ure of an officer or director)	Mushtaq Mian (Printed or typed name and title)
7 1 t	the anneignment on maniatory	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the this change.
		10-01-2007
(Si	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
(7	Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)