2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000010185

Entity Name: HOUSES UNLIMITED, INC.

FILED Mar 15, 2008 Secretary of State

Entity Name: HOUSES UNLIWITED, INC.

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

4851 N.W. 103RD AVENUE SUITE 44-G SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

4851 N.W. 103RD AVENUE SUITE 44-G SUNRISE, FL 33351

FEI Number: 52-2453727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

POTT, BRUCE

4851 N.W. 103RD AVENUE

SUITE 44-G

SUNRISE, FL 33351 US

MIAN, MUSHTAQ

4851 N.W. 103RD AVENUE

SUITE 44-G

SUNRISE, FL 33351 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: MUSHATAQ MIAN 03/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition Name: MIAN, MUSHTAQ Name:

 Name:
 MIAN, MUSHTAQ
 Name:

 Address:
 4851 NW 103 AVE STE 44-G
 Address:

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:

Name: POTT, BRUCE Name: MIAN, HINA

 Address:
 4851 NW 103 AVE STE 44-G
 Address:
 4851 NW 103 AVE STE 44-G

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 SUNRISE, FL 33351

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

Name: Name: MIAN, AROOJ

Address: Address: 4851 NW 103 AVE, SUITE 44-G

City-St-Zip: City-St-Zip: SUNRISE, FL 33351

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: MUSHTAQ MIAN D 03/15/2008