## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000077123

City-St-Zip:

OKEECHOBEE, FL 34974 US

Entity Name: UNLIMITED BUILDERS INC.

FILED Mar 24, 2009 Secretary of State

Littly Name: ONLINITED BOILDERS INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
888 HWY.	441 S.E. BEE, FL 3497	74 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
888 HWY. OKEECHO	441 S.E. BEE, FL 3497	74 US			
FEI Number:	80-0278612	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
MALONE, PATRICT 888 HWY. 441 S.E. OKEECHOBEE, FL 34974 US			SALMON, NITA 888 HWY. 441 S.E. OKEECHOBEE, FL 349		
The above in the State		submits this statement for the	e purpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE: NITA SAL	.MON		03/24/2009	
	Electron	ic Signature of Registered A	gent	Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, D ( ) SALMON, NITA 888 HWY. 441 S OKEECHOBEE		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () MALONE, PATR 888 HWY. 441: OKEECHOBEE	S.E.	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	T () SALMON, NITA 888 HWY. 441	Delete S.E.	Title: ( Name: Address:	) 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.

City-St-Zip:

SIGNATURE: NITA SALMON PRES 03/24/2009