


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|   |  |         |  |   |         |
|---|--|---------|--|---|---------|
| <b>DOCUMENT # 168806</b>  |  |         |  |                                    |         |
| 1. Entry Name<br><b>A-1 BLOCK CORPORATION</b>   |  |         |  |   |         |
| Principal Place of Business<br><b>%ANTHONY DACATO<br/>1617 S DIVISION ST<br/>ORLANDO FL 32805<br/>US</b>  |  |         | Mailing Address<br><b>%ANTHONY DACATO<br/>1617 S DIVISION ST<br/>ORLANDO FL 32805<br/>US</b> |   |         |
| 2. Principal Place of Business  |  |         | 3. Mailing Address   |   |         |
| Suite, Apt. #, etc.   |  |         | Suite, Apt. #, etc.  |   |         |
| City & State  |  |         | City & State   |   |         |
| Zip   |  | Country | Zip  |   | Country |
| 6. Name and Address of Current Registered Agent<br><b>FREEMAN, ADAM<br/>1617 S DIVISION<br/>ORLANDO FL 32805</b>  |  |         |  | 7. Name and Address of New Registered Agent   |         |
| Name  |  |         |  | Name  |         |
| Street Address (P.O. Box Number is Not Acceptable)  |  |         |  | Street Address (P.O. Box Number is Not Acceptable)  |         |
| City  |  |         |  | City  |         |
| State   |  |         |  | State   |         |
| Zip Code  |  |         |  | Zip Code  |         |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |  |         |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |         |
| SIGNATURE _____   |  |         |  | DATE _____  |         |
| Signature, typed or printed name of registered agent and title (if applicable)  |  |         |  | (NOTE: Registered Agent signature required when reinstating)  |         |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-0671726** Applied For  Not Applied For

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>FREEMAN, GAIL</b>                       | NAME  |  |
| STREET ADDRESS             | <b>1617 S DIVISION STREET</b>              | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>ORLANDO FL 32805</b>                    | CITY-ST-ZIP   |  |
| TITLE                      | <b>STD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>DACATO,IDA</b>                          | NAME  |  |
| STREET ADDRESS             | <b>1617 S DIVISION STREET</b>              | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                          | CITY-ST-ZIP   |  |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>FREEMAN, JOHN</b>                       | NAME  |  |
| STREET ADDRESS             | <b>1617 SO DIVISION AVE</b>                | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                          | CITY-ST-ZIP   |  |
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>FREEMAN, ADAM S.</b>                    | NAME  |  |
| STREET ADDRESS             | <b>1617 S. DIVISION AVE.</b>               | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                          | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |

U00000406555  Change  Add  
 02/07/06-80093-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Adam S Freeman **01-19-06** **407-422-3168**