


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90009 043 \*\*\*158.75

**DOCUMENT # G90117**

1. Entity Name  
**APPLIED BUILDING DEVELOPMENTS, INC.**



Principal Place of Business      Mailing Address

~~8000 THE ESPLANADE~~ *same as below*      ~~8000 THE ESPLANADE~~  
~~ORLANDO, FL 32836 US~~      ~~ORLANDO, FL 32836 US~~

**DO NOT WRITE IN THIS SPACE**



02222008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>59-2492063</b>	Applied For Not Applicable
------------------------------------	-------------------------------

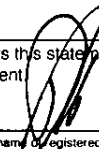
5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOHN, DAVID**  
~~8000 THE ESPLANADE~~ *same as below*  
~~ORLANDO, FL 32836~~

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:  *David Kohn*      DATE: *4-1-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERON, DAN V. 7380 W. SAND LAKE RD. STE 420 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KOHN, DAVID 7380 W. SAND LAKE RD. STE 420 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  *David Kohn*      Date: *407 370 6400*      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR