

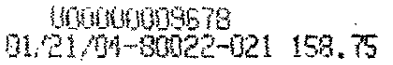
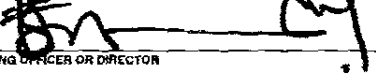


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K45101 <small>1. Entity Name</small> ORLANDO PROPERTY DEVELOPERS INC.						
<small>Principal Place of Business</small> P.O. BOX 46198 ABU DHABI UAE,	<small>Mailing Address</small> P.O. BOX 46198 ABU DHABI UAE,					
DO NOT WRITE IN THIS SPACE		01172004 No Chg-P CR2E034 (10/03)				
<small>6. Name and Address of Current Registered Agent</small> CHULOCK, VICTORIA ESQ. 7441 S.W. 66 STREET MIAMI, FL 33143		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>4. FEI Number</small> 65-0082790</td> <td style="padding: 2px;"><small>Applied For</small> Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>	<small>4. FEI Number</small> 65-0082790	<small>Applied For</small> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>4. FEI Number</small> 65-0082790	<small>Applied For</small> Not Applicable					
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required						
<small>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.</small>						
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when substituting)</small> <small>DATE</small> _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P ANIS, SYED QAISER DR. P.O. BOX 46198 ABU DHABI, UAE,	 DO NOT WRITE IN THIS SPACE				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	V SHAHID, ABDUL HADI DR. P.O. BOX 46198 ABU DHABI, UAE,					
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>						
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>						
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employees.</small>						
SIGNATURE: DR. SYED QAISER ANIS 		18 JANUARY 2004 +9712 6222300				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>				