## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P02000105435** 

1 Entity Name

## **FILED** Mar 01, 2006 8:00 am Secretary of State 03-01-2006 90006 019 \*\*\*150.00

ALYNN C	ORP., IN	IC.											
Principal Place of Business			Ma	Mailing Address				الها	9.941 / 4.419				
12938 PENN STATION COURT 102 Orlando, FL 32821 US				717 E OAK STREET Kissimmee, FL 34744 US				¥ ~	,				
	. 02027	•											
2. Principal P	lace of Busin	iess	3. N	3. Mailing Address									
1647 Berkshire Avenue													
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.				02142006	Chg-P	CR2E	034 (11/05)		
City & State				City & State				4. FEI Numbe	er		Ap	plied For	
Winter Park, FL							11-3655999			Not Applicable			
Zip 32789		Country US	. Z	ip	Coun	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	litional	
Name and Address of Current Registered Agent								7. Name and	Address of New Re	gistered	Agent		
DIMAIO, BRUCE A						Name							
12938 PENN STATION COURT #102 ORLANDO, FL 32821							Street Address (P.O. Box Number is Not Acceptable 1647 Berkshire Avenue						
1				,									
							Winter Park FL Zip Code 32789					9	
	named entit ions of regist		ent for the po	urpose of changing its	registere	ed office o	register	ed agent, or bo	h, in the State of Flori	ida. I am	familiar with,	and accept	
SIGNATURE.													
BIGHATORES	Signature, typed	or printed name of registered	agent and title if	applicable. (NOTE	Registere	d Agent signat	ure required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.				9. Election Campaign Financi Trust Fund Contribution.			<b>\$5.</b> Adde	00 May Be ed to Fees					
10.	10. OFFICERS AND			DIRECTORS 11.			ADDITIONS/CHANGES TO OFF				ICERS AND DIRECTORS IN 11		
TITLE	DP			☐ Delete	TITLE						XXChange	Addition	
NAME	DIMAIO, BRUCE A						16/-	7 D1 k					
STREET ADDRESS						ET ADDRESS - ST-ZIP			ire Avenue , FL 32789				
TITLE	DST			☐ Delete	TITLE			JOI TOIN	, 12 32,07		Change	Addition	
NAME	DIMAIO, I	DEBRA L		_ 32,513	NAM						V-V		
STREET ADDRESS						ET ADORESS			ire Avenue				
CITY-ST-ZIP	ORLANDO, FL 32821				CITY	-ST-ZIP	Wint	er Park	, FL 32789				
TITLE				☐ Delete	7171,9			-	•		_ [] Change	■ Addition	
NAME STREET ADDRESS					NAM	et address							
CITY-ST-ZIP						-ST-ZIP							
TITLE				☐ Delete	TITLE						☐ Chance	☐ Addition	
NAME					NAM						Greenyo		
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP	l						

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: \_

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

■ Addition