

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2008 90009 041 ***158.75

DOCUMENT # P03000067182

1. Entity Name
APPLIED BUILDING DEVELOPMENT COMPANY - OAKHILLS, INC.



Principal Place of Business Mailing Address

~~8000 THE ESPLANADE~~ ~~8000 THE ESPLANADE~~
~~ORLANDO, FL 32836~~ ~~ORLANDO, FL 32836~~

same as below

40069210



DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
86-1068372 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~~

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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* *4-1-08*

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

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	D
NAME	GUERON, DAN V
STREET ADDRESS	7380 W. SAND LAKE RD. STE 420
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	PS
NAME	KOHN, DAVID
STREET ADDRESS	7380 W. SAND LAKE RD. STE 420
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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* *407 370 6400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #