


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90517 038 \*\*\*150.00

**DOCUMENT # P04000040933**

1. Entity Name  
 1556 INVESTORS INC.



Principal Place of Business 4875 CASON COVE DRIVE ORLANDO, FL 32811 US	Mailing Address 4875 CASON COVE DRIVE ORLANDO, FL 32811 US
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**50045363**



2. Principal Place of Business 1455 E. AIRPORT BLVD Suite, Apt. #, etc.	3. Mailing Address 1455 E. AIRPORT BLVD Suite, Apt. #, etc.
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04282005 Chg-P CR2E034 (10/03)

City & State SANFORD FL	City & State SANFORD FL	4. FEI Number 20-0980241	Applied For <input type="checkbox"/> Not Applicable
Zip 32773	Country U.S.	Zip 32773	Country U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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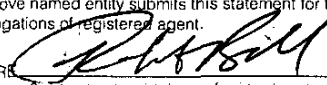
6. Name and Address of Current Registered Agent

BOYLES, WILLIAM A  
 301 E. PINE STREET  
 SUITE 1400  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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.

SIGNATURE:  DATE: 4-28-05

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, 2005 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	<input type="checkbox"/> Delete
NAME	STRAWN, STEVE	
STREET ADDRESS	3547 BETTY FORD ROAD, DRIVE #2	
CITY-ST-ZIP	MURFREESBORO, TN 37130	
TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, ROBERT	
STREET ADDRESS	4875 CASON COVE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	GORMAN, JOHN	
STREET ADDRESS	4875 CASON COVE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, STEVE	
STREET ADDRESS	910 SPRING PARK ST. #303	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, ROBERT	
STREET ADDRESS	1455 E. AIRPORT BLVD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, JOHN	
STREET ADDRESS	1455 E. AIRPORT BLVD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:  DATE: 4-28-05 (407) 708-7200

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