


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90040 008 \*\*\*158.75

<b>DOCUMENT # P05000109012</b>			
1. Entity Name <b>APPLIED BUILDING DEVELOPMENT OF ORLANDO - W.L., INC.</b>			
Principal Place of Business <del>8000 THE ESPLANADE</del> <b>7380 W. SAND LAKE ROAD, STE. 420</b> ORLANDO FL <del>32836</del> <b>32819</b>		Mailing Address <del>8000 THE ESPLANADE</del> <b>7380 W. SAND LAKE ROAD, STE. 420</b> ORLANDO FL <del>32836</del> <b>32819</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KOHN, DAVID</b> <del>8000 THE ESPLANADE</del> <b>7380 W. SAND LAKE RD, STE. 420</b> ORLANDO FL <del>32836</del> <b>32819</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V GUERON, DAN V 8000 THE ESPLANADE ORLANDO FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7380 W. SAND LAKE RD, SUITE 420 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS KOHN, DAVID 8000 THE ESPLANNAS ORLANDO FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7380 W. SAND LAKE RD, SUITE 420 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/06)

4. FEI Number **20-3273096** Applied For  Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** 5/1/07 (407) 390-6400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #