2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 5 Jun 15, 2006 8:00 am Secretary of State

Zip Country Sip Country Sip Signature Signatur	1. Entity Nam	e	#P050001 TERPRISES, IN		1				05-01-20	06 9043	4 030 ***	*150.00
ORLANDO, FL 32801 ORLANDO, FL 32801 ORLANDO, FL 32801 Description of Business Suite, Apt. 4, etc. City & State Sent Address of Status Desired Sent Address of Status Desired Sent Address of New Registered Agent T, Name and Address of New Registered Agent Fee Required For Required For Required For Required For Required Agent City FL 20 Code Fire Required Fire Required City FL 20 Code Fire Required City FL 20 Code Fire Required City FL 20 Code Fire Required Fire Requ	Principal Place	e of Busines	s	М	ailing Address			†				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite												
Cay & State	2. Principal Pl	lace of Busin	ness	3.	Mailing Address							
B. Name and Address of Current Registared Agent B. Name and Address of Current Registared Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) T. Name T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) T. Name T. Name and Address of New Registered Agent T. Name and Address (P.O. Box Number is Not Acceptable) T. T	Suite, Apt. #, etc.				Suite, Apt. #, etc.			04252006	Chg-P	CR2E	034 (11/05)	
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FONG, DAVID 1221 E ROBINSON ST ORLANDO, FL 32801 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and actine obligations of registered agent of the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and actine obligations of registered agent of the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and actine obligations of registered agent or both, in the State of Florida. I am familiar with, and actine obligations of registered agent or both, in the State of Florida. I am familiar with, and actine obligations of registered agent, or both, in the State of Florida. I am familiar with, and actine obligations of registered agent, or both, in the State of Florida. I am familiar with, and actine obligations of registered agent. FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS OTH-ST-2P TITLE MAKE STREET ADDRESS OTH-ST-2P TITLE MAKE STREET AD	Zip Country				Zip Country						\$8.75 Ad	ditional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe		6. Name	and Address of Cui	rent Regis	tered Agent	L· .	Nome	7. Name an	d Address of New	Registered		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent SIGNATURE Signature Signa												<u></u>
B. 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 act the obligations of registered agent. Signature: Signature: Signature: Signature for agent agent and their aggletacle. Inotit: Registered Agent separate s							Street Address (P.O. Box Number is Not Acceptable)					
B. 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 act the obligations of registered agent. SIGNATURE Signature S												
The policy control of registered agent							! [*]				- '	
ARE May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MYINT, AUNG Delete MILE MAKE STREET ADDRESS CITY-51-72P CRUANDO, FL 32801 CITY-51-72P TITLE MAKE Delete MILE MAKE STREET ADDRESS CITY-51-72P CITY-51-72P TITLE MAKE Delete MILE MAKE STREET ADDRESS CITY-51-72P CITY-51-72P TITLE Delete MILE MAKE STREET ADDRESS CITY-51-72P CITY-51-72P TITLE Delete MAKE STREET ADDRESS CITY-51-72P CITY-51-72P TITLE Delete MILE MAKE STREET ADDRESS CITY-51-72P CITY-51-72P TITLE Delete MAKE STREET ADDRESS CITY-51-72P CHange AR MAKE STREET ADDRESS CITY-51-72P TITLE Delete MAKE STREET ADDRESS STREET A	SIGNATURE_			Agem and tide	d applicable (NOTI	E· Registere	d Agent signature require	d when neverating)		DATE		·
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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 informat 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 direct 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 changed, or on an attachment with an address, with proher life ampowered. SIGNATURE:	of the cor changed.	poration of the company of the compa	e information supplier it or supplemental rep he receiver or trustee achment with an addr	with this fi out is true a empowered ess, with a	illing does not qualify for and accurate and that in d to execute this report bother life impowered	or the exemy signal as requi	emptions contained ture shall have the red by Chapter 60	d in Chapter 11 same legal effe 7, Florida Statut	es; and that my nan	ne appears	in Block 10 or	nformation or director r Block 11 if