


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED 3**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000000870**

1. Entity Name  
**APPLIED BUILDING DEVELOPMENT OF ORLANDO, INC.**



Principal Place of Business      Mailing Address

**7380 W. SAND LAKE ROAD, STE 420**      **7380 W. SAND LAKE ROAD, STE 420**  
**ORLANDO, FL 32819 US**                      **ORLANDO, FL 32819 US**

**DO NOT WRITE IN THIS SPACE**



02222008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>65-0383802</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KOHN, DAVID**  
**7380 W. SAND LAKE RD. STE 420**  
**ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

U00000884878  
 04/17/08-60029-013 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHN, DAVID 7380 W. SAND LAKE ROAD, SUITE 420 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERON, DAN 1995 BROADWAY, SUITE 1200 NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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**      Date **407 370 6400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #