2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P94000074936 1. Entity Name 04-28-2005 90173 036 ***158.75 APPLIED BUILDING DEVELOPMENT OF ORLANDO -M.L., INC. Principal Place of Business Mailing Address 8000 THE ESPLANADE ORLANDO FL 32836 8000 THE ESPLANADE 12000 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3283010 Not Applicable Zip Ζip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOHN, DAVID Street Address (P.O. Box Number is Not Acceptable) 8000 THE ESPLANDE ORLANDO FL 32836 Zip Code City 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TULLE GUERON, DAN NAME STREET ADDRESS 8000 THE ESPLANADE STREET ADDRESS ORLANDO FL 32836 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition SCHIFF, AKIVA NAME NAME 8000 THE ESPLANADE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME KOHN, DAVID STREET ADDRESS 8000 THE ESPLANADE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-7IP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this fifty boes 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, Authority ther like empowered.

PANIP KOHY

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED