


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # P94000074936</b>   |         |  |         |
| 1. Entity Name<br>APPLIED BUILDING DEVELOPMENT OF ORLANDO - M.L., INC. |         |   |         |
| Principal Place of Business<br>8000 THE ESPLANADE<br>ORLANDO FL 32836  |         | Mailing Address<br>8000 THE ESPLANADE<br>ORLANDO FL 32836                         |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E034 (10/05)

|   |  |  |  |  |          |
|---|--|--|--|--|----------|
| 4. FEI Number<br>59-3283010   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable |          |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |  |  | \$8.75 Additional Fee Required                         |          |
| 6. Name and Address of Current Registered Agent<br><br>KOHN, DAVID<br>8000 THE ESPLANDE<br>ORLANDO FL 32836 |  |  | 7. Name and Address of New Registered Agent        |  |          |
|   |  |  | Name   |  |          |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |          |
|   |  |  | City   |  |          |
|   |  |  | FL   |  | Zip Code |

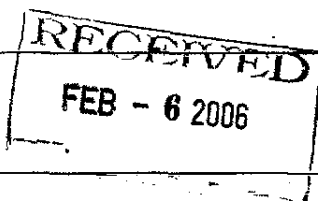
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                    |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |   |  |
|----------------------------|--------------------|---------------------------------|--|---|---|---|--|
| TITLE                      | D                  | <input type="checkbox"/> Delete |  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | GUERON, DAN        |                                 |  | NAME  |   |   |  |
| STREET ADDRESS             | 8000 THE ESPLANADE |                                 |  | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP                | ORLANDO FL 32836   |                                 |  | CITY-ST-ZIP   | U00000553025<br>05/15/06-80035-002 158.75 |   |  |
| TITLE                      | P                  | <input type="checkbox"/> Delete |  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | KOHN, DAVID        |                                 |  | NAME  |   |   |  |
| STREET ADDRESS             | 8000 THE ESPLANADE |                                 |  | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP                | ORLANDO FL 32836   |                                 |  | CITY-ST-ZIP   |   |   |  |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | NAME  |   |   |  |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP                |                    |                                 |  | CITY-ST-ZIP   |   |   |  |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | NAME  |   |   |  |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP                |                    |                                 |  | CITY-ST-ZIP   |   |   |  |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | NAME  |   |   |  |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP                |                    |                                 |  | CITY-ST-ZIP   |   |   |  |



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 4/25/06 (407) 370-6406  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #