


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-17-2007 90040 009 ***158.75

DOCUMENT # P98000052970

1. Entity Name
APPLIED BUILDING DEVELOPMENT OF ORLANDO - S.L., INC.



Principal Place of Business Mailing Address
~~8000 THE ESPLANADE~~ **7380 W. SAND LAKE ROAD, STE. 420** ~~8000 THE ESPLANADE~~ **7380 W. SAND LAKE ROAD, STE. 420**
~~ORLANDO FL 32836~~ **ORLANDO FL 32819** ~~ORLANDO FL 32836~~ **ORLANDO FL 32819**



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3517852** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KOHN, DAVID
~~8000 THE ESPLANADE~~ **7380 W. SAND LAKE ROAD, STE. 420**
~~ORLANDO FL 32836~~ **32819**

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 _____ DATE _____
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, 2007 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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE NAME | VPS GUERON, DAN | <input type="checkbox"/> Delete |
| STREET ADDRESS | 330 W. 58TH ST., SUITE 5E | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE NAME | P KOHN, DAVID | <input type="checkbox"/> Delete |
| STREET ADDRESS | 8000 THE ESPLANADE | |
| CITY-ST-ZIP | ORLANDO FL 32536 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE NAME | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1995 BROADWAY, SUITE 1200 | |
| CITY-ST-ZIP | NEW YORK, NY 10023 | |
| TITLE NAME | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7380 W. SAND LAKE ROAD, STE. 420 | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| 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** 5/1/07 (407) 370-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #