


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P99000064374 1. Entity Name 1ST ORLANDO REAL ESTATE SERVICES, INC.	
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Principal Place of Business 564 N. SEMORAN BLVD. ORLANDO, FL 32807	Mailing Address 564 N. SEMORAN BLVD. ORLANDO, FL 32807
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**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3587823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUEBNER, JOHN  
564 N. SEMORAN BLVD.  
ORLANDO, FL 32807

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

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUEBNER, JOHN 564 N. SEMORAN BLVD. ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANAHAN, TIM 564 N. SEMORAN BLVD. ORLANDO, FL 32807
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04/09/08-80112-016 150.00

**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: *John Huebner* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #