


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90171 031 \*\*\*\*61.25

<b>DOCUMENT # 720949</b> 1. Entity Name <b>P.L.T.H., INC.</b>			
Principal Place of Business 52 E. SOUTH STREET % DON ASHER & ASSOCIATES INC ORLANDO, FL 32801		Mailing Address 52 E. SOUTH STREET % DON ASHER & ASSOCIATES INC ORLANDO, FL 32801	
2. Principal Place of Business <b>1801 Cook Ave</b> Suite, Apt. #, etc. <b>% Don Asher &amp; Assoc</b> City & State <b>Orlando FL</b> Zip <b>32806</b>		3. Mailing Address <b>1801 Cook Ave</b> Suite, Apt. #, etc. <b>% Don Asher &amp; Assoc</b> City & State <b>Orlando FL</b> Zip <b>32806</b>	
		04202006 Chg-NP CR2E037 (11/05)	
		4. FEI Number <b>59-1497279</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DON ASHER &amp; ASSOCIATES, INC.</b> <b>52 E. SOUTH STREET</b> <i>Correct Address</i> <b>ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1801 Cook Ave</b> City <b>Orlando</b> <b>FL</b> <b>32806</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
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	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 617, 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: <i>Mickey Gordon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4-25-06</i> Daytime Phone: <i>407-647-8961</i>	

PAGE 1 of 2. Directors Continued

# ATTACHMENT

40069344

Document # 720949

P.L.T.H.,INC

## ADDITIONS TO OFFICERS AND DIRECTORS IN 10 (CONTINUED)

TITLE: D

NAME: BRADLEY, STEPHEN

STREET ADDRESS: 814 PARK LAKE CIR

CITY-ST-ZIP MAITLAND FL 32751

TITLE: D

NAME: BOSWELL, JOHN

STREET ADDRESS: 822 PARK LAKE CIR

CITY-ST-ZIP MAITLAND FL 32751

TITLE: D

NAME: MORRIS, ANN

STREET ADDRESS: 864 PARKLAKE CIR

CITY-ST-ZIP MAITLAND FL 32751