

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-10-2006 90102 029 ****61.25

00019799



1st MOORE CR2E037 (10/05)

DOCUMENT # N05000000430 1. Entity Name DOWNTOWN ORLANDO WATER POLO, INC.					
Principal Place of Business 515 EAST LIVINGSTON STREET ORLANDO FL 32803			Mailing Address 515 EAST LIVINGSTON STREET ORLANDO FL 32803		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 20-2203035 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GAW, CHRISTOPHER D 515 EAST LIVINGSTON STREET ORLANDO FL 32803	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 appropriate (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAW, CHRISTOPHER D 515 EAST LIVINGSTON STREET ORLANDO FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>C.D. Gaud</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/28/06</u> <small>Date</small>		<u>907/721-2837</u> <small>Daytime Phone #</small>

ATTACHMENT

66019799
~~#N05000000430~~

21- and 28-day regimens
**ORTHO-
CYCLEN**TM Tablets
250 mg norgestimate
35 mcg ethinyl estradiol

Sorry for the omission.

THANKS.

C. S.

See accompanying Prescribing Information