

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90011 025 \*\*\*\*61.25

<b>DOCUMENT # 764778</b>		
1. Entity Name <b>ORLANDO WHEELCHAIR GAMES, INC.</b>		
Principal Place of Business <b>4922 HAITI CIRCLE ORLANDO FL 32808</b>		Mailing Address <b>4922 HAITI CIRCLE ORLANDO FL 32808</b>
2. Principal Place of Business <b>387 Kapok Ct</b>	3. Mailing Address <b>387 Kapok Ct</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Longwood, FL</b>		City & State <b>Longwood, FL</b>
Zip <b>32779</b>	Country <b>USA</b>	Zip <b>32779</b>
Country <b>USA</b>		



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2429792</b>		Applied For <input type="checkbox"/>
		Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
Name <b>MCCONNELL, CHERYL A</b>		Name
Address <b>4922 HAITI CIRCLE ORLANDO FL 32808</b>		Street Address (P.O. Box Number is Not Acceptable) <b>387 Kapok Ct.</b>
		City <b>Longwood</b>
		FL   Zip Code <b>32779</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 *Cheryl A McConnell* 2/7/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROGER SR. 1710 QUEENSBERRY LOOP WINTER GARDEN FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, M.P. 1710 QUEENSBERRY LOOP WINTER GARDEN FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, CHERYL A <del>4922 HAITI CIRCLE</del> <del>ORLANDO FL 32808</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>387 Kapok Ct Longwood FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRER, ALBERT 5464-B E MICHIGAN ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cheryl A McConnell* 2/7/04 407 774 8384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #