2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766842

Entity Name: 4700 CONWAY BUILDING INC

FILED May 22, 2007 Secretary of State

That I was control bolds in to.			
Current Principal Place of Business:		New Princ	ipal Place of Business:
4755 S. CC	ONY FRILINGOS NWAY ROAD , FL 32812		
Current Mailing Address:		New Mailing Address:	
C/O ANTHONY FRILINGOS 4755 S. CONWAY ROAD ORLANDO, FL 32812			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the p		-	
FRILINGOS 4755 S. CC ORLANDO	S, ANTHONY B NWAY RD. I, FL 32812 US		
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.			
SIGNATURE:			
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete DANIELS, JIM MR. 4759 S CONWAY RD ORLANDO, FL	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition FRILINGOS, ANTHONY DR 4755 S CONWAY RD ORLANDO, FL 32812 US
Title: Name: Address: City-St-Zip:	STMD () Delete FRILINGOS, ANTHONY DR. 4755 S CONWAY ROAD ORLANDO, FL	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	VD () Delete MAURICIO, JOSE DR. 4747 S CONWAY RD ORLANDO, FL	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition MAURICIO, JOSE DR. 4747 S CONWAY RD ORLANDO, FL 23812 US
Title: Name: Address: City-St-Zip:	D () Delete NEWBOLD, PAUL DR. 4763 S CONWAY ROAD ORLANDO, FL	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NEWBOLD, PAUL DR. 4763 S CONWAY ROAD ORLANDO, FL 32812 US
Title: Name: Address: City-St-Zip:	D () Delete PONELET, PHILLIP T MR. 4751 S. CONWAY RD ORLANDO, FL	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PONELET, PHILLIP T MR. 4751 S. CONWAY RD ORLANDO, FL 32812 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY B. FRILINGOS DR 05/22/2007

() Delete

Name:

Address:

City-St-Zip:

() Change (X) Addition

DANIELS, JIM MR

4759 S. CONWAY RD. ORLANDO, FL 32812 US