


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

EXCELENT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 011 ***150.00

DOCUMENT # F0000001821	
1. Entity Name ORLANDO BUSINESS PARK CD, INC.	

Principal Place of Business 17140 BERNARDO CENTER DRIVE, SUITE 30 SAN DIEGO CA 92128	Mailing Address 17140 BERNARDO CENTER DRIVE, SUITE 30 SAN DIEGO CA 92128
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2. Principal Place of Business <i>3333 New Hyde Park Rd</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc. <i># 100</i>	Suite, Apt. #, etc.
City & State <i>new Hyde Park NY</i>	City & State <i>←</i>
Zip <i>11042</i>	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent CORPAMERICA, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 33-0882729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD ALLEN, GEORGE W 11300 NORTH CENTRAL EXPRESSWAY, SUITE 407 DALLAS TX 75243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SCHAEFFER, MILTON 11300 N CENTRAL EXPRESSWAY, STE. 407 DALLAS TX 75243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, SUSAN B 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO CA 92128 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> michael schindler 3333 new Hyde Park Rd new Hyde Park NY 11042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> mike Flynn same as above <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> milton cooper same as above <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> Glenn Cohen same as above <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CFO</i> mike Paragallo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: _____ *[Signature]* **DATE:** *4-27-05* **DAYTIME PHONE #:** *516899888*