2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000532

Entity Name: ST LOUIS ORLANDO ENTERPRISES, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 379 WEST MICHIGAN ST WINTER PARK, FL 32792 SUITE 200 ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 10966 GRAVOIS IND CT ST LOUIS, MO 63128 FEI Number: 43-1912772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition JUDSON, JOHN E JUDSON, JOHN E Name: Name: 10010 CONWAY RD 10966 GRAVOIS IND CT Address: Address: ST LOUIS, MO 63128 City-St-Zip: ST LOUIS, MO 63124 City-St-Zip:

Title: VD Title: VD (X) Change () Addition () Delete Name:

CUTLIP, BRENT L Name: CUTLIP, BRENT L 379 WEST MICHIGAN ST Address: 4031 Address: WINTER PARK, FL 32792 ORLANDO, FL 32806 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: STD () Delete STD

CUTLIP, JAMIE L CUTLIP, JAMIE L Name: Name: 2949 COTTAGE GROVE 379 WEST MICHIGAN Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E JUDSON PD 01/05/2007