

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006225

FILED
Feb 14, 2011
Secretary of State

Entity Name: CNL MANAGEMENT SOLUTIONS CORP.

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

P.O BOX 4920
ORLANDO, FL 328024920

New Mailing Address:

FEI Number: 59-3758486 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVE.
ORLANDO, FL 328013336 US

Name and Address of New Registered Agent:

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:

Title: DCEO
Name: SENEFF, JAMES M JR
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

Title: DP
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

Title: S
Name: SCARCELLI, LINDA A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

Title: VP
Name: TETRICK, MICHAEL
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: T
Name: SCHMIDT, TRACY G
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: AT
Name: TIPTON, TAMMY
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: LINDA A. SCARCELLI

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02/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date