

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005758

FILED
Apr 20, 2005
Secretary of State

Entity Name: CNLRS ACQUISITIONS, INC.

Current Principal Place of Business:

450 S. ORANGE AVENUE, SUITE 900
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

450 S. ORANGE AVENUE, SUITE 900
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 51-0436347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DEVP () Delete
Name: WESLEY COBB, DAVID
Address: 450 S. ORANGE AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: DEVP () Delete
Name: HABICHT, KEVIN B
Address: 450 S. ORANGE AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: DP (X) Delete
Name: RALSTON, GARY M
Address: 450 S. ORANGE AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: DEVP () Delete
Name: WHITEHURST, JULIAN E
Address: 450 S. ORANGE AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: AS (X) Delete
Name: SCHABLE, KELLA W
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MACNAB, CRAIG
Address: 450 S. ORANGE AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: DVPT (X) Change () Addition
Name: HABICHT, KEVIN B
Address: 450 S. ORANGE AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPS (X) Change () Addition
Name: WHITEHURST, JULIAN E
Address: 450 S. ORANGE AVENUE, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN B. HABICHT

DVPT

04/20/2005

Electronic Signature of Signing Officer or Director

Date