

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90253 044 \*\*\*150.00

**60002986**



DOCUMENT # F02000006340			
1. Entity Name CORDIA CORPORATION			
Principal Place of Business 2500 SILVERSTAR RD. STE. 500 ORLANDO, FL 32804		Mailing Address 445 HAMILTON AVE. STE. 408 WHITE PLAINS, NY 10601	
2. Principal Place of Business 13275 W. Colonial Drive		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Garden, FL		City & State	
Zip 34787	Country US	Zip	Country
6. Name and Address of Current Registered Agent FREEMAN, PATRICK 2500 SILVERSTAR RD. STE. 500 ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Patrick Freeman Street Address (P.O. Box Number is Not Acceptable) 13275 W. Colonial Drive City Winter Garden FL Zip Code 34787	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, PATRICK 2500 SILVERSTAR ROAD, SUITE 500 ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO, D Freeman, Patrick 13275 W. Colonial Drive Winter Garden, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCAGNELLI, JOHN 445 HAMILTON AVENUE, SUITE 408 WHITE PLAINS, NY 10601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, COO Griffo, Kevin 13275 W. Colonial Drive Winter Garden, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MINELLA, WESLY 445 HAMILTON AVENUE, SUITE 408 WHITE PLAINS, NY 10601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D verra, Gandolfo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUERRERA, LORIE 445 HAMILTON AVENUE SUITE 408 WHITE PLAINS, NY 10601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Dupre, Joel 445 HAMILTON Ave Ste 408 White Plains, NY 10601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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:		Date: 1/9/06 Daytime Phone #: 914 948 5550	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			