2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006015

Entity Name: CONSOLIDATED ORLANDO, INC.

FILED Jan 07, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
SUITE 200	PART BLVD.				
LAS VEGAS	S, NV 89145				
Current Mailing Address:			New Mailing Address:		
801 S. RAMPART BLVD. SUITE 200 LAS VEGAS, NV 89145					
FEI Number: 2	20-5466666	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US					
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: Name: Address: City-St-Zip:	PDC () I KAPLAN, MICHA 801 S. RAMPAR LAS VEGAS, NV	T BLVD. #200	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SPECTOR, ARTHUR 801 S. RAMPART BLVD. #200 LAS VEGAS, NV 89145	
Title: Name: Address: City-St-Zip:	BLAIR, KEVIN	Delete T BLVD., STE. 200 89145	Title: Name: Address: City-St-Zip:	SDVP (X) Change () Addition BLAIR, KEVIN 801 S. RAMPART BLVD., STE. 200 LAS VEGAS, NV 89145	
Title: Name: Address: City-St-Zip:	CRAWFORD, JO	T BLVD, STE, 200	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition HARDIN, CARLETON 801 S. RAMPART BLVD, STE, 200 LAS VEGAS, NV 89145	
Title: Name: Address: City-St-Zip:	RENAUD, JOSEF	T BLVD., STE, 200	Title: Name: Address: City-St-Zip:	T (X) Change () Addition LUU, LILLIAN 801 S. RAMPART BLVD., STE, 200 LAS VEGAS, NV 89145	
Title: Name: Address: City-St-Zip:	KALBER, MARCI	TIN DR., STE, 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-7ip:	DINWIDDIE, PHI	RT BLVD., STE, 200	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN BLAIR DSVP 01/07/2009