2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# F97000005032

Entity Name: HURSTBOURNE ORLANDO, INC.

Current Principal Place of Business:

201 W. SHORT STREET
STE. 800
LEXINGTON, KY 40507

New Principal Place of Business:

270 S. LIMESTONE
LEXINGTON, KY 40508

Current Mailing Address:

201 W. SHORT STREET
STE. 800
LEXINGTON, KY 40507

New Mailing Address:

270 S. LIMESTONE
LEXINGTON, KY 40508

FEI Number: 31-1564406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLMAN, WAYNE
1101 GREENWOOD BLVD.
LAKE MARY, FL 32746 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: PR ( ) Delete
Name: TURNER, WM. CRAIG
Address: 201 WEST SHORT ST., STE. 800
City-St-Zip: LEXINGTON, KY 40507

Title: SS ( ) Delete
Name: EKHOFF, RICHARD C
Address: 201 W. SHORT ST., STE. 700
City-St-Zip: LEXINGTON, KY 40507

Title: TS ( ) Delete
Name: SHERROD, GAYLE Y
Address: 201 W. SHORT ST., STE. 500
City-St-Zip: LEXINGTON, KY 40507

Title: S ( ) Delete
Name: TURNER, MADONNA
Address: 201 W. SHORT ST., STE. 800
City-St-Zip: LEXINGTON, KY 40507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change ( ) Addition
Name: TURNER, WM. CRAIG
Address: 270 S. LIMESTONE
City-St-Zip: LEXINGTON, KY 40508

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

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

Title: S (X) Change ( ) Addition
Name: TURNER, MADONNA
Address: 270 S. LIMESTONE
City-St-Zip: LEXINGTON, KY 40508

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: BECKY RAY, OFFICE MANAGER MRS. 01/15/2007

Electronic Signature of Signing Officer or Director — Date