## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44880

FILED Apr 16, 2009 Secretary of State

Entity Nam	e: A&LOFO	DSCEOLA, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
715 E. VINE KISSIMMEE		US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
715 E. VINE KISSIMMEE		US			
FEI Number:	59-2742397	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
TOLLEFSRUD, MICHAEL 513 W. VINE STREET KISSIMMEE, FL 34741 US			FREELAND, ANN 314 E. ANDERSON ST ORLANDO, FL 32801	314 E. ANDÉRSON STREET	
The above r		ubmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ANN FREELAND				04/16/2009	
Electronic Signature of Registered Agent Date					
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () [ ELKHOURI, MICI 715 E. VINE STR KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () [ ELKHOURI, NEIF 715 E. VINE STR KISSIMMEE, FL		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: MICHEL ELKHOURI PRES 04/16/2009