

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90032 014 ***150.00

DOCUMENT # J46320 1. Entity Name PTC ENTERPRISES, INC.																																	
Principal Place of Business 255 S. ORANGE AVENUE FIRSTSTATE BUILDING, 17TH FLOOR ORLANDO, FL 32801			Mailing Address P. O. BOX 231 ORLANDO, FL 32802-0231 US																														
2. Principal Place of Business 420 South Orange Avenue			3. Mailing Address																														
Suite, Apt. #, etc. Suite 1200			Suite, Apt. #, etc.																														
City & State Orlando, Florida			City & State																														
Zip 32801		Country USA		Zip																													
Country		Zip		Country																													
6. Name and Address of Current Registered Agent CHRISTIANSEN, PATRICK T. FIRST BUILDING, 17TH FLOOR 255 S. ORANGE AVENUE ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Patrick T. Christiansen Street Address (P.O. Box Number is Not Acceptable) 420 South Orange Avenue, Suite 1200 City Orlando FL Zip Code 32801																													
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 Patrick T. Christiansen DATE 1-18-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPTS CHRISTIANSEN, PATRICK T. 225 S. ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS CHRISTIANSEN, PATRICK T. 225 S. ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPTS Patrick T. Christiansen 420 South Orange Avenue, Suite 1200 Orlando, Florida 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Patrick T. Christiansen 420 South Orange Avenue, Suite 1200 Orlando, Florida 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: Patrick T. Christiansen DATE 1-18-06 (407) 419-8545 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>																																	