
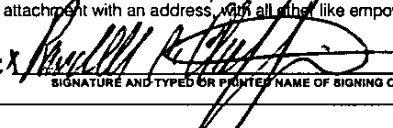


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90052 043 ***150.00

DOCUMENT # M28727 1. Entity Name FRANZESE & ASSOCIATES OF ORLANDO, INC.					
Principal Place of Business 1150 S. SEMORAN BLVD SUITE A ORLANDO, FL 32807 US			Mailing Address P O BOX 720579 ORLANDO, FL 32872-0579 US		
2. Principal Place of Business 1035 Greenwood Blvd Suite, Apt. #, etc. 419 City & State LAKE MARY FL Zip 32746		3. Mailing Address 1035 Greenwood Blvd Suite, Apt. #, etc. 419 City & State LAKE MARY FL Zip 32746			
02222006 Chg-P CR2E034 (11/05)		4. FEI Number 59-2652031		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAFFIN, RANDELL C 1150 S SEMORAN BLVD SUITE A ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name RANDELL C. CHAFFIN Street Address (P.O. Box Number is Not Acceptable) 1035 Greenwood Blvd Suite 419 City LAKE MARY FL Zip Code 32746		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAFFIN, RANDELL C 1150 S SEMORAN BLVD SUITE A ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WOJCHICK, EDWARD 1150 S SEMORAN BLVD SUITE A ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAFFIN, SHAWN 1150 S SEMORAN BLVD SUTIEA ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAFFIN, SUZANNE 1150 S. SEMORAN BLVD., STE A ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  RANDELL C. CHAFFIN 3/1/06 305-774-9977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					