

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007458

FILED
Mar 20, 2009
Secretary of State

Entity Name: SKAL INTERNATIONAL ORLANDO, INC.

Current Principal Place of Business:

8698 PALOS VERDE DR.
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

8698 PALOS VERDE DR.
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 23-7301132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, THOMAS
8698 PALOS VERDE DR.
ORLANDO, FL 32825 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVERIA, RON
Address: 220 STORY ROAD
City-St-Zip: OCOEE, FL 34761

Title: V () Delete
Name: BANNEN, GRANT
Address: 6328 RALEIGH ST. #803
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: KENNEY, BARBARA
Address: 1212 SPRUCE AVE,
City-St-Zip: ORLANDO, FL 32824

Title: T () Delete
Name: PETERS, BRIAN
Address: 8001 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809

Title: EST () Delete
Name: WHITE, THOMAS
Address: 8698 PALOS VERDE DR.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BANNEN, GRANT
Address: 700 BLOOM STREET
City-St-Zip: CELEBRATION, FL 34747 US

Title: V (X) Change () Addition
Name: KENNEY, BARBARA
Address: 1215 SPRUCE AVE
City-St-Zip: ORLANDO, FL 32824 US

Title: S (X) Change () Addition
Name: PETERS, BRIAN
Address: 8001 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809 US

Title: T (X) Change () Addition
Name: HUDSON, CARLTON
Address: 5800 UNIVERSAL BOULEVARD
City-St-Zip: ORLANDO, FL 32819 US

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WHITE

EST

03/20/2009

Electronic Signature of Signing Officer or Director

Date