2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N27913

Entity Name: USLACROSSE-ORLANDO, INC.

Current Principal Place of Business:

605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801

New Principal Place of Business:

605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801

Current Mailing Address:

605 EAST ROBINSON STREET, SUITE 730
P O BOX 2967
ORLANDO, FL 32801

New Mailing Address:

605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801

FEI Number: 59-2919221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 US

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: _____ 02/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ABRAMS, LEHN E
Address: 605 E. ROBINSON STREET, SUITE 730
City-St-Zip: ORLANDO, FL 32801

Title: VPD ( ) Delete
Name: HOPKINS, TOM
Address: 605 E. ROBINSON STREET, SUITE 730
City-St-Zip: ORLANDO, FL 32801

Title: PD ( ) Delete
Name: ST. PIERRE, MARY
Address: 605 E. ROBINSON STREET, SUITE 730
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LEHN E. ABRAMS TD 02/03/2009
Electronic Signature of Signing Officer or Director — Date