
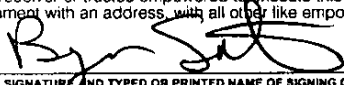


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90286 043 \*\*\*\*70.00

<b>DOCUMENT # N39067</b> 1. Entity Name <b>OLD TOWN MERCHANTS, INCORPORATED</b>					
Principal Place of Business <b>5770 W IRLO BRONSON SUITE 324 KISSIMMEE, FL 34746 US</b>			Mailing Address <b>5770 W IRLO BRONSON SUITE 324 KISSIMMEE, FL 34746 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>59-3041454</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>SUTTON, BYRON 201 S. ORANGE AVENUE SUITE 7070 ORLANDO, FL 32801</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAL DENNAQUI, GEORGE 10045 CRYSTALLING COURT ORLANDO, FL 32836</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD THOMPSON, JOHN 4387 RUMMELL ROAD ST. CLOUD, FL 34769</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vic Brown</b> <b>5770 W. Irlo Bronson Hwy</b> <b>Kissimmee, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAL NADDEO, LARRY 5770 W BRONSON HWY #325 KISSIMMEE, FL 34746</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bob Petersen</b> <b>5770 W. Irlo Bronson Hwy</b> <b>Kissimmee, FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LANCE, BOBBY 3401 TRENTWOOD BLVD ORLANDO, FL 32812</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HILL, CHERYL 2416 WINDING RIDGE AVE KISSIMMEE, FL 34741</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SUTTON, BYRON 201 S. ORANGE AVENUE, #7070 ORLANDO, FL 32801</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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.					
<b>SIGNATURE:</b> 			<b>5/1/06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		

Division of Corporations  
Tallahassee, FL 32302

ATTACHMENT  
40087331  
N39067

Dear Dept of State,

Please accept the annual renewal for our corporation. We were waiting on the renewal packet that would be mailed to us and never received it. We did not realize you could file over the internet.

Enclosed is our \$ 61.25 fee. Thank you very much.