2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000057

Entity Name: ORLANDO ULTIMATE, INC.

FILED Jan 26, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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7550 HERRICKS LOOP 19 N. FOREST AVE

ORLANDO, FL 32835 US ORLANDO, FL 32803 US

Current Mailing Address: New Mailing Address:

7550 HERRICKS LOOP 19 N. FOREST AVE.

ORLANDO, FL 32835 US ORLANDO, FL 32803 US

FEI Number: 59-3161846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTERS, LAWRENCE G CARROLL, ROBERT CPA
916 DELTONA BLVD. 250 WILSHIRE BLVD
SUITE 102 SUITE 153

DELTONA, FL 32725 US CASSELBERRY, FL 32707 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: ROBERT CARROLL 01/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change() Addition

 Name:
 CARROLL, ROBERT
 Name:
 CARROLL, ROBERT

 Address:
 755 HERRICKS LOOP
 Address:
 19 N. FOREST AVE

 City-St-Zip:
 ORLANDO, FL 32835 US
 City-St-Zip:
 ORLANDO, FL 32803 US

Title: D () Delete Title: () Change () Addition

 Name:
 DIASMONT, ROGER
 Name:

 Address:
 4644 GLENBROOKE TERR
 Address:

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LOERZEL, STEVE
 Name:

 Address:
 339 BERTLEY ST.
 Address:

 City-St-Zip:
 OVIEDO, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT CARROLL D 01/26/2006