2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006836

Entity Name: EFC OF ORLANDO, INC.

FILED Feb 09, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5405 WEST US192 KISSIMMEE, FL 34747

Current Mailing Address: New Mailing Address:

7684 APPLE TREE CIRCLE ORLANDO, FL 32819

FEI Number: 59-3483872 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:

HSIAO, YA-YIN

1635 NORA TYSON RD

ST CLOUD, FL 34769 US

HSIAO, CHI- CHUAN
1635 NORA TYSON RD
ST CLOUD, FL 34769 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: CHI CHUAN HSIAO 02/09/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change () Addition HSIAO, YA-YIN HSIAO, CHI-CHUAN Name: Name: Address: 1635 NORA TYSON RD Address: 1635 NORA TYSON RD ST CLOUD, FL 34769 City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: () Delete Title: Title: () Change () Addition Name: PAN, EDDY Name: Address: 4819 FORT LEE CT Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition LEE, CHIU LI-HUI Name: Name: 1106 CYPRESS LOFT PLACE Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WAGNER, SANDY Name: 12336 APPOMATOX DR Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition HSU, LONG Name: Name: 8320 FRENCH OAK DR Address: Address: ORLANDO FL 32835 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition YOUNG, CHUCK Name: Name: Address: 7684 APPLE TREE CIRCLE Address: ORLANDO, FL 32819 City-St-Zip: 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: CHI-CHUAN HSIAO PD 02/09/2006