


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90239 002 ***550.00

DOCUMENT # P00000073056 1. Entity Name AUSTIN HOLDING CORPORATION					
Principal Place of Business 7232 SANDLAKE RD., SUITE 302 ORLANDO, FL 32819-5255			Mailing Address 8587 BANYAN BLVD ORLANDO, FL 32819 US		
2. Principal Place of Business 6000 TURKEY LAKE RD Suite, Apt. #, etc. SUITE 211		3. Mailing Address Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State			
Zip 32819-4426	Country US	Zip	Country	4. FEI Number 59-3667170	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AUSTIN, WILLIAM W 7232 SAND LAKE ROAD STE 302 ORLANDO, FL 32819-5255				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6000 TURKEY LAKE ROAD SUITE 211 City ORLANDO FL Zip Code 32819-4426	
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 <u><i>William W Austin, Esq</i></u> DATE <u>5/8/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, WILLIAM W 7232 SANDLAKE RD, SUITE 302 ORLANDO, FL 328195255	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST AUSTIN, WILLIAM W 7232 SANDLAKE ROAD SUITE 302 ORLANDO, FL 328195255	<input type="checkbox"/> Delete			
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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 607, 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.					
SIGNATURE: <u><i>William W Austin, Esq</i></u> William W Austin, Esq DATE <u>5/8/2006</u> 407-370-2588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					