


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000080751. .	
1. Entity Name SORRENTO HILLS, INC.	

Principal Place of Business 635 N. RIO GRANDE AVE ORLANDO, FL 32805	Mailing Address 635 N. RIO GRANDE AVE ORLANDO, FL 32805
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**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3671126	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KITTREDGE, POLLYANNA 635 N. RIO GRANDE AVE. ORLANDO, FL 32805	<b>DO NOT WRITE IN THIS SPACE</b>
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	11000000268039 03/18/05-80025-023 150.00
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KITTREDGE, POLLYANNA 635 N. RIO GRANDE AVE. ORLANDO, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITTREDGE, CAY DEE 635 N. RIO GRANDE AVE. ORLANDO, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDREWS, THERESA K 635 N. RIO GRANDE AVE. ORLANDO, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Pollyanna Kittredge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/9/05 407 843-0124 <small>Date Daytime Phone #</small>
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