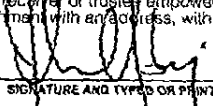


FILED
Apr 28, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000097538 1. Entity Name ORLANDO MENU COVERS, INC.		
Principal Place of Business 999 W. LANCASTER RD UNIT #1 ORLANDO, FL 32809	Mailing Address 999 W. LANCASTER RD UNIT #1 ORLANDO, FL 32809	
DO NOT WRITE IN THIS SPACE		
		04262008 No Chg-P CR2E034 (11/05)
		4. FEI Number 52-2273949
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CUCALON, FABIO 955 W. LANCASTER ROAD UNIT #2 ORLANDO, FL 32809		DO NOT WRITE IN THIS SPACE
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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000542304 05/10/06-80092-009 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST CUCALON, FABIO 999 W. LANCASTER RD UNIT #1 ORLANDO, FL 32809	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date April 24, 2006 Daytime Phone # 407-2402535