2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam ORLAND			·.		90010 045 ***15	0.00			
Principal Plac	e of Business	Mailing Address	J.	•	4005	6356			
1330 WEST LEE ROAD ORLANDO, FL 32810		1330 WEST LEE ROAD ORLANDO, FL 32810		3 13					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192008	Chg-P	CR2E034 (12/06)		
City & State	e y	City & State			4. FEI Numbe 59-3753		<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		4.	7. Name and	Address of New Re	gistered Agent		
40000	Name	Name							
A.G.C. CO. 200 SOUTH ORANGE AVENUE SUN TRUST CENTER, SUITE 2300			Street A	Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO									
	*. *.		City				FL Zip Cod	e	
	named entity submits this statement fo ions of registered agent.	the purpose of changing its	registered office or	registere	d agent, or both	, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE	Signature, typed or orinted nume of registered agent	and title it applicable (NOTE	Registered Agent signature	are required /	vnen reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig			00 May Be d to Fees				
10.									
	OFFICERS AND	DIRECTORS	11.		ADDITIONS/(CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
TITLE	OFFICERS AND	DIRECTORS Delete	11. TITLE		ADDITIONS/0	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
NAME	PD JENNINGS, BELTON		TITLE NAME		ADDITIONS/0	CHANGES TO OFFIC			
NAME STREET ADDRESS	PD JENNINGS, BELTON 1330 WEST LEE ROAD		TITLE NAME STREET ADDRESS		ADDITIONS/0	CHANGES TO OFFIC			
NAME STREET ADDRESS CITY-ST-ZIP	PD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO, FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/0	CHANGES TO OFFIC	☐ Change	Addition	
NAME STREET ADDRESS	PD JENNINGS, BELTON 1330 WEST LEE ROAD		TITLE NAME STREET ADDRESS		ADDITIONS/0	CHANGES TO OFFIC			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO, FL 32810 CD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS/0	CHANGES TO OFFIC	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO, FL 32810 CD SIEGEL, SARA J	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CHANGES TO OFFIC	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO, FL 32810 CD SIEGEL, SARA J 954 S. ORLANDO AVE. WINTER PARK, FL 32789 VCD	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VCD			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO, FL 32810 CD SIEGEL, SARA J 954 S. ORLANDO AVE. WINTER PARK, FL 32789 VCD PINDLING, BEVERLY	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VCD PIN	DLING, F	EVERLY	☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO, FL 32810 CD SIEGEL, SARA J 954 S. ORLANDO AVE. WINTER PARK, FL 32789 VCD PINDLING, BEVERLY 1601 PARK CENTER DRIVE ORLANDO, FL 32835 AT MILMORE, FRANK P.O. BOX 609400 VP BELL, ELIZABETH P.O. BOX 609400	□ Delete □ Delete □ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VCD PIN 920 OCO AT SAN P.O ORL T MAR 211	DLING, E NOLA DE EE, FL 3 CHEZ, HE BOX 60 ANDO, FI	EVERLY IVE 4761 CTOR 9400 32860-940	Change Change Change Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO, FL 32810 CD SIEGEL, SARA J 954 S. ORLANDO AVE. WINTER PARK, FL 32789 VCD PINDLING, BEVERLY 1601 PARK CENTER DRIVE ORLANDO, FL 32835 AT MILMORE, FRANK P.O. BOX 609400 ORLANDO, FL 328609400 VP BELL, ELIZABETH P.O. BOX 609400 ORLANDO, FL 328609400 TD BRIGGLE, WILLIAM	□ Delete □ Delete □ Delete □ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VCD PIN 920 OCO AT SAN P.O ORL T MAR 211	DLING, E NOLA DE EE, FL 3 CHEZ, HE BOX 60 ANDO, FI TIN, RAM E. COLO	EVERLY IVE 4761 CTOR 9400 32860-940	Change Change Change Change	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD JENNINGS, BELTON 1330 WEST LEE ROAD ORLANDO, FL 32810 CD SIEGEL, SARA J 954 S. ORLANDO AVE. WINTER PARK, FL 32789 VCD PINDLING, BEVERLY 1601 PARK CENTER DRIVE ORLANDO, FL 32835 AT MILMORE, FRANK P.O. BOX 609400 ORLANDO, FL 328609400 VP BELL. ELIZABETH P.O. BOX 609400 ORLANDO, FL 328609400 TD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VCD PIN 920 OCO AT SAN P.O ORL T MAR 211	DLING, E NOLA DE EE, FL 3 CHEZ, HE BOX 60 ANDO, FI TIN, RAM E. COLO	EVERLY IVE 4761 CTOR 9400 32860-940	Change Change Change Change	Addition Addition Addition	

12. Thereby 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or director indicated on this report or the receiver of truling 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 that an attackers, with all other like empowered.

SIGNATURE:

PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2008 407.513,9260

Daytime Phone #