2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096952

FILED Apr 19, 2006 Secretary of State

Entity Name: WORLD TRADE CENTER DEVELOPMENT CORPORATION-ORLANDO, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2ND FLO	RTH MAGNOI OR O, FL 32803	LIA AVENUE			
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
2ND FLO	RTH MAGNOI OR O, FL 32803	LIA AVENUE			
FEI Number	: 59-3050722	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
736-A NÓ 2ND FLOO ORLANDO The above	D, FL 32803 (JS	urpose of changing its register	red office or registered agent, or both,	
n the Stat	e or i fortua.				
in the Stat SIGNATU					
	RE:	nic Signature of Registered Age	nt	Date	
SIGNATU	RE: Electro	nic Signature of Registered Agel	nt	Date	
SIGNATU	RE: Electro	g Trust Fund Contribution().		Date GES TO OFFICERS AND DIRECTOR	
SIGNATU Election Cal OFFICER Title: Name: Address:	RE: Electro mpaign Financir S AND DIREC S (KANE, MISTY	g Trust Fund Contribution (). CTORS:) Delete MAGNOLIA AVENUE, 2ND FLOOR			
SIGNATU	RE: Electro mpaign Financir S AND DIREC S (KANE, MISTY 736-A NORTH ORLANDO, FL	mg Trust Fund Contribution (). CTORS:) Delete MAGNOLIA AVENUE, 2ND FLOOR 32803) Delete ON K	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
SIGNATU Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	RE: Electro mpaign Financir S AND DIREC S (KANE, MISTY 736-A NORTH ORLANDO, FL P (SUTTON, BYR 505 W 2ND AV WINDERMERI	g Trust Fund Contribution (). CTORS:) Delete MAGNOLIA AVENUE, 2ND FLOOR 32803) Delete ON K //E E, FL 34786) Delete MA //E	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MISTY KANE S 04/19/2006