

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90021 009 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # P01000117642</b><br>1. Entity Name<br><b>M.D.M. ORLANDO, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>5036 W COLONIAL DR<br/>ORLANDO FL 32808</b>  |  | Mailing Address<br><b>5036 W COLONIAL DR<br/>ORLANDO FL 32808</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>2611 S. HIAWASSEE RD</b><br>Suite, Apt. #, etc.   | 3. Mailing Address<br><b>2611 S. HIAWASSEE RD</b><br>Suite, Apt. #, etc. | 1st MOORE CR2E034 (10/07)   |   |
| City & State<br><b>ORLANDO FL</b>  | City & State<br><b>ORLANDO FL</b>  | 4. FEI Number<br><b>04-3614268</b>  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32835</b>  | Country<br><b>USA</b>  | Zip<br><b>32835</b>   | Country<br><b>USA</b>   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | 6. Name and Address of Current Registered Agent<br><b>MOON, WALTER R<br/>200 NORTH PRIMROSE DRIVE<br/>ORLANDO FL 32803</b>  |   |
| 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City <b>FL</b> Zip Code _____   |  | 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.<br>SIGNATURE <u><i>Walter Moon</i></u> <i>Manager</i> <b>PAU CUN PHU</b> <b>3/27/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PVST<br/>PHU, MONICA<br/>918 MAPLE FOREST DR<br/>ORLANDO FL 32825</b>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Walter Moon</i></u> <i>Manager</i> <b>PAU CUN PHU</b> <b>3/27/08</b> <b>407235808</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>   |  |   |   |