

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062740

FILED
Aug 02, 2007
Secretary of State

Entity Name: COMMONWEALTH OF ORLANDO, INC.

Current Principal Place of Business:

940 CENTRE CIR.
SUITE 3000
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

940 CENTRE CIR.
SUITE 3000
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 80-0115537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, PETER L
1950 LEE RD STE 114
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

GRAHAM, PETER L
940 CENTRE CIRCLE
SUITE 3000
WINTER PARK, FL 32789 US

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.

SIGNATURE: PETER GRAHAM

08/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GRAHAM, PETER
Address: 1950 LEE RD STE 114
City-St-Zip: WINTER PARK, FL 32789

Title: VST () Delete
Name: GRAHAM, ANITA
Address: 1950 LEE RD STE 114
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GRAHAM, PETER
Address: 940 CENTRE CIRCLE, SUITE 3002
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VST (X) Change () Addition
Name: GRAHAM, ANITA
Address: 940 CENTRE CIRCLE, SUITE 3002
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify 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: PETER GRAHAM

PRES

08/02/2007

Electronic Signature of Signing Officer or Director

Date