


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90245 001 ***150.00

DOCUMENT # P02000125546	
1. Entity Name WHEEL 2 GO ORLANDO, INC.	

Principal Place of Business 842 GRAND REGENCY ROSUTE, APT 203 ALTAMONTE SPRINGS, FL 32714	Mailing Address 842 GRAND REGENCY ROSUTE, APT 203 ALTAMONTE SPRINGS, FL 32714
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20044220



2. Principal Place of Business 119 TOLLGATE TRAIL	3. Mailing Address 119 TOLLGATE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05012006 Chg-P CR2E034 (11/05)

City & State LONGWOOD FLORIDA	City & State LONGWOOD FLORIDA
Zip 32750	Zip 32750
Country USA	Country USA

4. FEI Number 03-0494958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, FANNY 842 GRAND CANYON ROUTE, APT 203 ALTAMONTE SPRINGS, FL 32714	
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7. Name and Address of New Registered Agent	
Name GONZALEZ FANNY	
Street Address (P.O. Box Number is Not Acceptable) X 119 TOLLGATE TRAIL	
City X LONGWOOD	FL Zip Code 32750

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 X <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4/30/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, FANNY 620 RENAISSANCE POINT APT 108 ORLANDO, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, GEORGE 620 RENAISSANCE POINT APT 108 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ FANNY 119 TOLLGATE TRAIL LONGWOOD FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS GEORGE 119 TOLLGATE TRAIL LONGWOOD FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/30/06 Daytime Phone 321-689-0498