2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

03-08-2007 90010 043 ***150.00 DOCUMENT # P02000130855 AZALEA MANAGEMENT OF ORLANDO, INC. 40031704 Principal Place of Business Mailing Address 3452 LAKE LYNDA DRIVE #363 **4035 GILDER ROSE PLACE** ORLANDO, FL 32817 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 2219 AZALEA PL 3. Mailing Address 2219 AZALEA 03052007 Cho-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For WINTER WINTER 65-1163364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, DEBORAH M Street Address (P.O. Box Number is Not Acceptable) 4035 GILDER ROSE PLACE WINTER PARK, FL 32792 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 (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Addition NAMÉ MARTIN, JAMES R NAME 2219 AZALEA PL. WINTER PARE, FL STREET ADDRESS 4035 GILDER ROSE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Defete TITLE TITLE MARTIN, DEBORAH M NAME 4035 GILDER ROSE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED Mar 08, 2007 8:00 am

Secretary of State