

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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Aug 07, 2006 8:00 am
Secretary of State

05-26-2006 90017 006 ***158.75
08-07-2006 90044 026 ***400.00

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1. Entity Name

ORLANDO DEVELOPMENT ENTERPRISES, INC.



Principal Place of Business

6239 EDGEWATER DR. BLDG V
ORLANDO, FL 32810

Mailing Address

P.O. BOX 608003
ORLANDO, FL 32860

50024575



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2308286

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCNARY, WILLIAM R
6239 EDGEWATER DR
SUITE V-1
ORLANDO, FL 32810

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AAGAARD, DAVID E
STREET ADDRESS	6735 NIGHTWIND CIR
CITY - ST - ZIP	APOKA, FL 32810
TITLE	VSTD
NAME	MCNARY, WILLIAM R
STREET ADDRESS	811 ARLINGTON
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #