## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000013137

Entity Name: NEW ATTITUDES OF ORLANDO INC.

FILED Oct 01, 2004 Secretary of State

		THOSE OF CIRE, HASO, HAO	•		
Current Principal Place of Business:			New Principal Place of Business:		
	ST COLONIAL D, FL 32808	DR US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ST COLONIAL D, FL 32808	DR US			
FEI Number	: 65-1171616	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	ERIA L SEL VIEW DR D, FL 32835	US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D,C ( COX, PATERIA 2321 BAESEL ORLANDO, FL	VIEW DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P,T ( COX, PATERIA 2321 BAESEL ORLANDO, FL	VIEW DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( COX, GLYNN [ 2321 BAESEL ORLANDO, FL	VIEW DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP,S ( COX, GLYNN [	) Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: PATERIA L. COX PT 10/01/2004

2321 BAESEL VIEW DR

ORLANDO, FL 32835 US

Address:

City-St-Zip: