


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90003 039 \*\*\*150.00

<b>DOCUMENT # P03000015093</b> 1. Entity Name 1ST FOR ORLANDO, INC.					
Principal Place of Business 1095 JODI RIDGE COURT KISSIMMEE, FL 34747			Mailing Address 20 N. ORANGE AVE STE 600 ORLANDO, FL 32801		
2. Principal Place of Business <i>52 Riley Road</i> Suite, Apt. #, etc. <i># 404</i> City & State <i>Celebration, FL</i> Zip <i>34747</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <b>45-0498718</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE - SUITE 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Hendry, Stoner, Calandrino & Brown, P.A. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. By: <i>Hendry, Stoner, Calandrino &amp; Brown, P.A.</i> SIGNATURE: <i>[Signature]</i> DATE: <i>2/6/06</i> <small>Signature, typed or printed name of registered agent, and both if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, GINA 1095 JODI RIDGE COURT KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	29 NORFOLK ROAD TON BRIDGE KENT TN 9106	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WATSON, TERRENCE 43 HARBURY AVENUE AINSDALE, SOUTHPORT PR8 2TA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2645 STARLAKE VIEW DR KISSIMMEE FL 34747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CAROL 43 HARBURY AVENUE AINSDALE, SOUTHPORT PR8 2TA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2645 STARLAKEVIEW DR KISSIMMEE FL 34747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>2/9/06</i> <small>Daytime Phone #</small>		