2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015093

Entity Name: 1ST FOR ORLANDO, INC.

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

52 RILEY RD #404 9114 HIGHWAY 192 KISSIMMEE, FL 34747 CLERMONT, FL 34714

Current Mailing Address: New Mailing Address:

9114 HIGHWAY 192 CLERMONT, FL 34714

FEI Number: 45-0498718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDRY, STONER, CALANDRINO & BROWN, P.A.
20 N. ORANGE AVENUE - SUITE 600
ORLANDO, FL 32801 US
WATSON, TERENCE MR
9114 HIGHWAY 192
CLERMONT, FL 34714

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.

SIGNATURE: TERENCE WATSON 03/13/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 REYNOLDS, GINA
 Name:
 REYNOLDS, GINA L MRS

 Address:
 29 NORFOLK RD.
 Address:
 17 GOLDSMID RD.

City-St-Zip: TONBRIDGE KENT, UK TN9 1UL City-St-Zip: TONBRIDGE KENT, UK TN9 1BX

 Title:
 DVS
 () Delete
 Title:
 DVS
 (X) Change () Addition

 Name:
 WATSON, TERRENCE
 Name:
 WATSON, TERRENCE MR

 Address:
 2645 STARLAKE VIEW DR
 Address:
 2645 STARLAKE VIEW DR

Address: 2645 STARLAKE VIEW DR Address: 2645 STARLAKE VIEW DR City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: KISSIMMEE, FL 34747

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 WATSON, CAROL
 Name:
 WATSON, CAROL A MRS

 Address:
 2645 STARLAKE VIEW DR
 Address:
 2645 STARLAKE VIEW DR

City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: TERENCE WATSON MR 03/13/2008