FOR PROFIT CORPORATION

FILED Feb 24, 2006 08:00 AM

UNIFORM BUSINESS REPORT (UBR)					Secretary of State	
DOCUMENT # 03000035149					Secretary	oi State
M R Investment Grou	p of Orlando Inc	aning managaning managaning managaning managaning managaning managaning managaning managaning managaning managa Tanggan managaning managaning managaning managaning managaning managaning managaning managaning managaning man	0131-0141-1-1-1-1	P4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	{	
	VOT WRITE			e)E		
2. Principal Place of 8013 Bridge Stone D		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Orlando, FL		City & State		4. FEI Number 81-0599150	Applied For Not Applicable	
Zip 32835	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Nar	ne and Address of Current Regist	ered Agent
DO NOT W				Name		
				Street Add	iress (P.O. Box Number is Not Acceptable)	
	IN THIS SE					
				City	FL	Zip Code
8. The above name	ed entity submits this s	tatement for the purpo	ose of ch	anging its regi	istered office or registered agent, or	both, in the
State of Florida.	I am familiar with, and	accept the obligation	s of regis	tered agent.		•
SIGNATURE						
	ature, typed or printed name of		f applicable	. (NOTE: Regis	stered Agent signature required when reinstating	DATE
After Ame	1 - May 1 Fee is \$150 May 1 Fee is \$550.00 nded UBR is \$61.25 ne to Florida Departs				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ND DIRECTORS	11.			
TITLE			143.44.14.44.	16		
NAME STREET ADDRESS				ME REET AUDRES	s	
CITY-ST-ZIP				Y ST-ZIP		
TITLE		· · · · · · · · · · · · · · · · · · ·	76 16 76 76 76 76	JE .	10.0576 4045	
NAME STREET ADDRESS				ME REET ADDRES		
CITY-ST-ZIP	}		400000000000000000000000000000000000000	Y-ST-ZIP		
TITLE			10 (10 ± 15)	CE		
NAME				ME		
STREET ADDRESS				REET ADDRES PAST-ZIP		1111
TITLE		<u> </u>		LE .	windertein	
NAME	{			ME	IN THIS SE	
STREET ADDRESS			10.00	REET ADDRES	. S	
CITY-ST-ZIP		<u> </u>		iyestezip Le		
NAME				ME		
STREET ADDRESS	·			REET ADDRES	\$	
TITLE		· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIP. LE		
NAME				ME		
STREET ADDRESS			ST	REET ADDRES	s	
CITY-ST-ZIP	1	durith this fitter deep		Y-ST-ZIP	alated in Continue 440 OTION That	
12. I nereby certify the	at the information supplies	with this filing does not	quality to	r the exemption	stated in Section 119.07(3)(i), Florida St	acutes. I fulther

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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE: STED K REHAN - ROW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR