2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000039505

1. Entity Name
ALAFAYA HOLDINGS, INC.

Principal Place of Business	Mailing Address
800 NORTH HIGHLAND AVENUE, SUITE 200 ORLANDO, FL 32803	800 NORTH HIGHLAND AVENUE, SUITE 200 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2341338

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
800 NORTH HIGHLAND AVENUE, SUITE 200
ORLANDO, FL 32803

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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 reinstating) 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

100000490763
04/18/06-80069-023 500.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	KROPP, STEVE PRES
STREET ADDRESS	800 N. HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	CARLTON, CHARLES S VP-SEC
STREET ADDRESS	800 N. HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	PEISNER, ERIC S VP-TRES
STREET ADDRESS	800 N. HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	MCKINNEY, JOSEPH VP
STREET ADDRESS	800 N. HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	LAWLER, THOMAS VP
STREET ADDRESS	800 N. HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	TUTTLE, MILLS VP
STREET ADDRESS	800 N. HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803

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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: Steve Kropp 4/18/06 407-292-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #