## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000072696

Entity Name: CNL INCOME CORP.

FILED Mar 13, 2006 Secretary of State

| Current Principal Place of Business:        |  |                                     | New Princ                                   | New Principal Place of Business:   |  |
|---|--|-------------------------------------|---|--|--|
|   | ANGE AVENUE<br>, FL 32801333                                 |                                     |   |  |  |
| Current Mailing Address:                    |  |                                     | New Maili                                   | New Mailing Address:   |  |
| P.O. BOX 4<br>ORLANDO                       | 1920<br>, FL 32802492  | 0                                   |   |  |  |
| FEI Number:                                 | 20-0184022   | FEI Number Applied For ( ) FE       | I Number Not Appl                           | icable ( ) Certificate of Status Desired ( )   |  |
| Name and                                    | Address of Co  | urrent Registered Agent:            | Name and                                    | Address of New Registered Agent:   |  |
| 450 S. ORA                                  | LI, LINDA A<br>ANGE AVENUE<br>), FL 32801333                 |                                     |   |  |  |
| The above in the State                      |  | ubmits this statement for the purpo | se of changing it                           | ts registered office or registered agent, or both,   |  |
| SIGNATUR                                    | RE:  |                                     |   |  |  |
|   | Electroni  | c Signature of Registered Agent     |   | Date   |  |
| Election Can                                | npaign Financing   | Trust Fund Contribution ( ).        |   |  |  |
| OFFICERS AND DIRECTORS:                     |  |                                     | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DC () I<br>SENEFF, JR., JA<br>450 S. ORANGE<br>ORLANDO, FL 3 | AVENUE                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DTVC () BOURNE, ROBE<br>450 S. ORANGE<br>ORLANDO, FL 3       | AVENUE                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | DVC (X) Change ( ) Addition<br>BOURNE, ROBERT A<br>450 S. ORANGE AVENUE<br>ORLANDO, FL 328013336 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DCEO () HUTCHISON, TH<br>450 S. ORANGE<br>ORLANDO, FL 3      | AVENUE                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | CFO (X) Change ( ) Addition<br>QUINLAN, TAMMIE A<br>450 S. ORANGE AVENUE<br>ORLANDO, FL 32801    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S () SCHMIDT, TRAC<br>450 S. ORANGE<br>ORLANDO, FL 3         | Y G<br>AVENUE                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | S (X) Change ( ) Addition<br>SCARCELLI, LINDA A<br>450 S. ORANGE AVENUE<br>ORLANDO, FL 32801     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | AS () I<br>SCARCELLI, LIN<br>450 S. ORANGE<br>ORLANDO, FL 3  | AVENUE                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | COO (X) Change ( ) Addition<br>MULLER, CHARLES A<br>450 S. ORANGE AVENUE<br>ORLANDO, FL 32801    |  |
| Title:<br>Name:<br>Address:                 | P () I<br>CARLOCK, RAYI<br>450 S. ORANGE                     | AVENUE                              | Title:<br>Name:<br>Address:                 | P (X) Change ( ) Addition<br>CARLOCK, RAYMON B JR.<br>450 S. ORANGE AVENUE                       |  |

I hereby certify that the information supplied with this filing does not qualify for the 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: R. BYRON CARLOCK, JR. P 03/13/2006