


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90019 015 ***150.00

DOCUMENT # P03000130831 1. Entity Name SAA OF ORLANDO, INC.					
Principal Place of Business 8003 DORSEL COURT ORLANDO, FL 32836 <i>9103 Brookline DR.</i> <i>Orlando, FL-32819</i>			Mailing Address 8003 DORSEL COURT ORLANDO, FL 32836 <i>9103 Brookline DR</i>		
2. Principal Place of Business 9440 S. ORANGE BLOSSOM TR Suite, Apt. #, etc.			3. Mailing Address 9103 BROOKLINE DR Suite, Apt. #, etc.		
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 20-0390516	
Zip 32837		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALI, SYED A 8003 DORSEL COURT ORLANDO, FL 32836			7. Name and Address of New Registered Agent Name Syed A. Ali Street Address (P.O. Box Number is Not Acceptable) 9103 BROOKLINE DR City ORLANDO FL Zip Code 32819		
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 <i>Syed A. Ali</i> DATE 3/20/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P ALI, SYED A 8003 DORSEL COURT ORLANDO, FL 32836		<input type="checkbox"/> Delete		
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"/> Delete		<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"/> Delete		<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		
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>Syed A. Ali</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/20/06 Daytime Phone # 407-859-8500		

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