2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000053365

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90545 003 ***158.75

1. Entity Name THE CEN		ROUP OF ORLAND						
Principal Place of Business M			Mailing Address		14014848			
10053 LAKE UNDERHILL RD ORLANDO, FL 32825			PO BOX 678244 ORLANDO, FL 23867		,	140140	40	
2. Principal Place of Business 3.			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04232005 Chg-P	CR2E0	34 (10/03)	
City & State			City & State		4. FEI Number 51-0502676			plied For t Applicable
Zip	Cip Country		Zip	Country	5. Certificate of Status De		\$8.75 Add Fee Required	
·	6. Name	and Address of Current Re	egistered Agent		7. Name and Address of	New Registered	Agent	
SPIEGEL 8		A, P.A.		Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
4TH FLOO MIAMI, FL	R							
				City		FL	Zip Code	3
the obligati	named entity ions of regist		he purpose of changing its	registered office or regis	tered agent, or both, in the Sta	le of Florida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	E: Registered Agent signature requi	red when reinstating)	DATE		
FiLI After Ma	E NOW!!! ay 1, 200!	FEE IS \$150.00 5 Fee will be \$550.00	9. Election Campai Trust Fund Conti		5.00 May Be dded to Fees			
10.		OFFICERS AND D		11.	ADDITIONS/CHANGES 1	O OFFICERS AND		S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10053 LA	L, WILLIAM KE UNDERHILL RD O, FL 32825	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME	·		□ Delete	TITLENAME _ STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida 5t		☐ Change	Addition

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 discorded on this report 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: William Whetzel W. Signature and typed on printed name of Signing Officer on Director

4/25/05 407-273-3893 Date Daytime Phone #