2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P04000063244



APPLIED BUILDING DEVELOPMENT OF ORLANDO-PROVIDENCE, INC.				05-17-2007 90040 013 ****158.75
,	e of Business SPLANADE 7380 W. SAND 1 FL 3288 ROAD, STE. 42 32819	Mailing Address ##48000 THE ESPLANAD ORLANDO FL 32006 3 286	NOAL.	SANS LAKE STE, 420
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suito, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & State		City & State		4. FEI Number 76-0756035 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
KOHN, DAVID *8000 THE ESPLANADE 7380 W. SAND LAKE RE, 57				Address (P.O. Box Number is Not Acceptable)
ORL	0 THE ESPLANADE 7380 LANDO FL 32836 32819	,	1,572,120	
	•		City	FL Zip Code
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 riapplicable. (NOTE: Registered Agent signature required when remistating) DATE				
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
HHH: Name Street address City-St-71P	D GUERON, DAN V 8000 THE ESPLANADE ORLANDO FL 32836	, Delete	TITLE NAME STREET AODRLSS CITY-SI-ZIP	7380 W. SAND LAKE ROAD SUITE 420 ORLANDO, FL 32819
HILE NAME STREET ADDRESS CITY - ST - ZIP	P KOHN, DAVID 8000 THE ESPLANADE ORLANDO FL 32836	☐ Delete	THEE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CHY-S1-ZIP		□ Defete	NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME. STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP		☐ Delete	HTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	partify that the information	☐ Delete	THE NAME STREET ADDRESS CITY-S1-ZIP	Change Addition Change Addition

increase desiring that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is present accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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. DAVID KOHD 5/1/07 (407) 310-6400
Date Dayline Phone #

SIGNATURE: __

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR