


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 033 ***150.00

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| DOCUMENT # P04000075145 |  |
| 1. Entity Name 11100 EAST COLONIAL, INC. | |

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| Principal Place of Business 11100 EAST COLONIAL DR ORLANDO, FL 32817 | Mailing Address 109 COMMERCE ST LAKE MARY, FL 32746 |
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|--|---------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 531 Codisco Way |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Sanford, FL |
| Zip | Zip 32771 |
| Country | Country USA |



04292007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 20-1111575 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent DELLO RUSSO, ROBERT G 109 COMMERCE ST LAKE MARY, FL 32746 | | 7. Name and Address of New Registered Agent Name Robert G. Dello Russo Street Address (P.O. Box Number is Not Acceptable) 531 Codisco Way City Sanford FL Zip Code 32771 |

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.

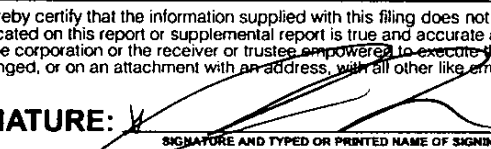
SIGNATURE  DATE 4/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | D DELLO RUSSO, ROBERT G 320 W. SABLE PALM PLACE SUITE 300 LONGWOOD, FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Robert G. Dello Russo 531 Codisco Way Sanford, FL, 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  DATE 4/30/07 DAYTIME PHONE 407-333-2665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR