

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168641

FILED  
Mar 29, 2006  
Secretary of State

Entity Name: ORLANDO TEAM MANAGEMENT, INC.

**Current Principal Place of Business:**

8700 SOUTHERN BREEZE DR.  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

8700 SOUTHERN BREEZE DR.  
ORLANDO, FL 32836

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNY, GARRETT  
8700 SOUTHERN BREEZE DR  
ORLANDO, FL 32836 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KENNY, GARRETT  
Address: 8700 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Delete  
Name: BOXLEY, NICHOLAS  
Address: 8628 WILD CHERRY CT  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARRETT KENNY

D

03/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date