

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026751

FILED
Apr 27, 2006
Secretary of State

Entity Name: CLOSINGS UNLIMITED OF ORLANDO, INC.

Current Principal Place of Business:

813 MENENDEZ COURT
ORLANDO, FL 32801 US

New Principal Place of Business:

P O BOX 485
TITUSVILLE, FL 32781 US

Current Mailing Address:

PO BOX 485
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 20-2395301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, JAMES D
1390 LAS VERDES PLACE
TITUSVILLE, FL 32780 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: P () Delete
Name: NELSON, JAMES D
Address: 1390 LAS VERDES PLACE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VP () Delete
Name: NELSON, VICKI L
Address: 2930 LANDTREE PLACE
City-St-Zip: ORLANDO, FL 32812

Title: S () Delete
Name: NELSON, JAMES D
Address: 1390 LAS VERDES PLACE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: T () Delete
Name: NELSON, JAMES D
Address: 1390 LAS VERDES PLACE
City-St-Zip: TITUSVILLE, FL 32780 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, JAMES D
Address: P O BOX 485
City-St-Zip: TITUSVILLE, FL 32781 US

Title: VP (X) Change () Addition
Name: NELSON, VICKI L
Address: P O BOX 485
City-St-Zip: TITUSVILLE, FL 32781

Title: S (X) Change () Addition
Name: NELSON, VICKI L
Address: P O BOX 485
City-St-Zip: TITUSVILLE, FL 32781 US

Title: T (X) Change () Addition
Name: NELSON, JAMES D
Address: P O BOX 485
City-St-Zip: TITUSVILLE, FL 32781 US

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: JAMES D. NELSON

P, T

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date