
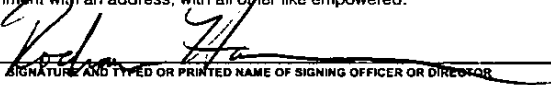


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90017 003 ***150.00

| | | | | | |
|--|------------------------------|--|---|---|--|
| DOCUMENT # P05000098899 | | | |  | |
| 1. Entity Name ORLANDO HOLDINGS AND INVESTMENTS, INC. | | | | | |
| Principal Place of Business 320 W. SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779 | | | Mailing Address 320 W. SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-3481018 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KEIDAISH, PHILIP F JR. 320 W. SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEIDAISH, PHILIP F JR. | | NAME | | |
| STREET ADDRESS | 320 W. SABAL PALM PLACE #300 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD, FL 32779 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Smaldone, James A. | |
| STREET ADDRESS | | | STREET ADDRESS | 1833 Merlot Drive | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Sanford, Florida 32771 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | D'Antuono, Robert A | |
| STREET ADDRESS | | | STREET ADDRESS | 101 E. Colonial Drive | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Orlando, FL 32801 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Harrison, Rodran | |
| STREET ADDRESS | | | STREET ADDRESS | 320 W. Sabal Palm PL #100 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Longwood, Florida 32779 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 _____ Daytime Phone # _____ | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |