

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90031 038 ***150.00

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01152007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000109392 1. Entity Name AVEDIS CORPORATION					
Principal Place of Business 7580 PARK SPRINGS CIRCLE ORLANDO, FL 32835 US			Mailing Address 7580 PARK SPRINGS CIRCLE ORLANDO, FL 32835 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LEIGH, RICHARD A 1031 W. MORSE BLVD., STE 360 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name AVO UVEZIAN Street Address (P.O. Box Number is Not Acceptable) 7580 PARK SPRINGS CIR City Orlando FL Zip Code 32835	
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 <u><i>Avu Uvezian</i></u> 1/17/07 <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, 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	P/D UVEZIAN, AVEDIS 1528 GRASSY RIDGE LANE APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Uvezian, Avedis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7580 PARK SPRINGS CIR. ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D UVEZIAN, NIVIA R 1528 GRASSY RIDGE LANE APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Uvezian, Nivia R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7580 Park Springs Cir. Orlando, FL 32835	
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	
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	
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	
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	
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: <u><i>Avu Uvezian</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/17/07 407-297-3734 <small>Date Daytime Phone #</small>		