2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119935

City-St-Zip:

WINTER GARDEN, FL 3487

FILED May 02, 2006 Secretary of State

Entity Name: C.A.E. OF ORLANDO, INC. **Current Principal Place of Business: New Principal Place of Business:** 17506 SATSUMA CIRCLE WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 17506 SATSUMA CIRCLE WINTER GARDEN, FL 34787 FEI Number: 20-3390232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIGLIO-BENKIRAN, MICHELE ESQ. PERRY, SHIRLEY C 17506 SATSUMA CIR BENKIRAN & MALARET, P.A 1999 WEST COLONIAL DRIVE, STE. 204 WINTER GARDEN, FL 34787 US ORLANDO, FL 32804 US 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: SHIRLEY C PERRY 05/02/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DP () Delete () Change () Addition PERRY, ROY Name: Name: 17506 SATSUMA CIRCLE Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: Title: D. T () Delete () Change () Addition Name: PERRY, SHIRLEY Name: 17506 SATSUMA CIRCLE Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition PERRY, SHIRLEY Name: Name: 17506 SATSUMA CIRCLE Address: Address:

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.

City-St-Zip:

VΡ SIGNATURE: SHIRLEY C PERRY 05/02/2006