

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139879

FILED  
May 03, 2006  
Secretary of State

Entity Name: ORLANDO HOLD 'EM CORPORATION

## Current Principal Place of Business:

277 CAMBRIDGE DRIVE  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

174 SEMORAN COMMERCE PL  
107  
APOPKA, FL 32703 US

## Current Mailing Address:

277 CAMBRIDGE DRIVE  
LONGWOOD, FL 32779 US

## New Mailing Address:

174 SEMORAN COMMERCE PL  
107  
APOPKA, FL 32703 US

FEI Number: 20-3626353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERSON, KALI  
277 CAMBRIDGE DRIVE  
LONGWOOD, FL 32779 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

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:

Title: P ( ) Delete  
Name: PETERSON, ERIK  
Address: 277 CAMBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP ( ) Delete  
Name: PETERSON, KALI  
Address: 277 CAMBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: S ( ) Delete  
Name: PETERSON, ERIK  
Address: 277 CAMBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: T ( ) Delete  
Name: PETERSON, KALI  
Address: 277 CAMBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KALI PETERSON

VP

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date