

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90287 010 \*\*\*150.00

**DOCUMENT # P05000145691**

1. Entity Name  
**FIRE VILLAGES 1 INC.**



Principal Place of Business      Mailing Address

~~3132 MATTSON DRIVE~~      ~~3132 MATTSON DRIVE~~  
~~ORLANDO, FL 32825~~      ~~ORLANDO, FL 32825~~

2. Principal Place of Business      3. Mailing Address

**475 S. CHICKASAW TR.**      **475 S. CHICKASAW TR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**ORLANDO, FL**      **ORLANDO, FL**

Zip      Country      Zip      Country

**32825**      **ORANGE**      **32825**      **ORANGE**

**60028030**



04052008      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**84-1692932**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EL-HAWARY, AHMED**  
**3132 MATTSON DRIVE**  
**ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name  
**EL-HAWARY AHMED**

Street Address (P.O. Box Number is Not Acceptable)

**475 S. CHICKASAW TR.**

City      State      Zip Code

**ORLANDO**      **FL**      **32825**

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:       **AHMED EL-HAWARY**      **4/6/06**

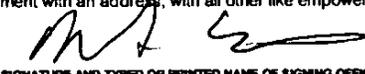
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EL-HAWARY, AHMED	NAME	EL-HAWARY, AHMED
STREET ADDRESS	<del>3132 MATTSON DRIVE</del>	STREET ADDRESS	9059 TUSCAN VALLEY PL.
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAUB, ROBERT	NAME	
STREET ADDRESS	208 JASMINE LANE	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	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	
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:       **AHMED EL-HAWARY**      **4/6/06**      **407-761-8100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #