




# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P05000145691</b> 1. Entity Name <b>FIRE VILLAGES 1 INC.</b>					
Principal Place of Business <b>3132 MATTSON DRIVE</b> <b>ORLANDO, FL 32825</b>			Mailing Address <b>3132 MATTSON DRIVE</b> <b>ORLANDO, FL 32825</b>		
2. Principal Place of Business <b>475 S. CHICKASAW TR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>475 S. CHICKASAW TR.</b> Suite, Apt. #, etc.		<b>60028030</b> 	
City & State <b>ORLANDO, FL</b> Zip <b>32825</b> Country <b>ORANGE</b>		City & State <b>ORLANDO, FL</b> Zip <b>32825</b> Country <b>ORANGE</b>		4. FEI Number <b>84-1692932</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04052008 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>EL-HAWARY, AHMED</b> <b>3132 MATTSON DRIVE</b> <b>ORLANDO, FL 32825</b>			7. Name and Address of New Registered Agent Name <b>EL-HAWARY AHMED</b> Street Address (P.O. Box Number is Not Acceptable) <b>475 S. CHICKASAW TR.</b> City <b>ORLANDO</b> FL <b>32825</b>		
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  <b>AHMED EL-HAWARY</b> <b>4/6/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>EL-HAWARY, AHMED</b> STREET ADDRESS <b>3132 MATTSON DRIVE</b> CITY-ST-ZIP <b>ORLANDO, FL 32825</b>	<input type="checkbox"/> Delete		TITLE <b>P/D</b> NAME <b>EL-HAWARY, AHMED</b> STREET ADDRESS <b>9059 TUSCAN VALLEY PL.</b> CITY-ST-ZIP <b>ORLANDO, FL 32825</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>STRAUB, ROBERT</b> STREET ADDRESS <b>208 JASMINE LANE</b> CITY-ST-ZIP <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Delete		TITLE <b>VP/D</b> NAME <b>STRAUB, ROBERT</b> STREET ADDRESS <b>208 JASMINE LANE</b> CITY-ST-ZIP <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Change <input checked="" 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	
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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AHMED EL-HAWARY**  
Date

**4/6/06**

**407-761-8100**  
Daytime Phone #