2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000145691

1. Entity Name
FIRE VILLAGES 1 INC.

Principal Place of Business	Mailing Address
475 S CHICKASAW TRL ORLANDO, FL 32825	475 S CHICKASAW TRL ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

04222007   No Chg-P   CR2E034 (11/05)

4. FEI Number 84-1692932	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EL-HAWARY, AHEMED
475 S CHICKASAW TRL
ORLANDO, FL 32825

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	EL-HAWARY, AHMED
STREET ADDRESS	9059 TUSCAN VALLEY PL
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	VPD
NAME	STRAUB, ROBERT
STREET ADDRESS	208 JASMINE LANE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80047-025 150.00

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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: _____   4/20/07   407-761-8100

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