2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000168237

1. Entity Name BUY OWNER OF ORLANDO, INC.

Principal Place of Business

1192 E. NEWPORT CENTER DRIVE

SUITE 200

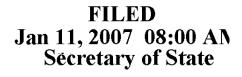
DEERFIELD BEACH, FL 33442

Mailing Address

1192 E. NEWPORT CENTER DRIVE

SUITE 200

DEERFIELD BEACH, FL 33442





DO NOT WRITE IN THIS SPACE

No Chg-P 01052007

CR2E034 (11/05)

4. FEI Number

20-4009531

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKERT, CHARLES S 1192 E, NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH, FL 33442

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| | | *************************************** | | | |
|--------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------|-----------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | named entity submits this statement for the plans of registered agent. | jurpose of changing its registere | d office or I | egistered agent, or b | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and life | if applicable (NOTE Registered | Agost signaturi | s jeguired when reinstafing) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | ing . | \$5.00 May Be Added to Fees | |
| 18. OFFICERS AND DIRECTORS | | | | | THE STATE OF THE S |
| TITLE NAME STREET ACCRESS CHY-ST-ZIP | PS ECKERT, SCOTT A 1192 E NEWPORT CTR DR 200 DEERFIELD BEACH, FL 33442 | | | | Lippopopopa |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | VPT ECKERT, CHARLES S 1192 E NEWPORT CTR DR 200 DEERFIELD BEACH, FL 33442 | | | | U00000582128 01/11/07-80018-024 158.75 |
| TITLE NAME STREET ADDRESS | | | | | NOT WOITE |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver of changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CHY-SI-ZIP

TITLE NASAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THEF

OFFICER OR DIRECTOR