2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000001641

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

ORTHODYNE, INC. Malling Address Principal Place of Business P.O. BOX 547304 3300 WEST 37TH STREET ORLANDO, FL 32854-7304 ORLANDO, FL 32809 No Chg-P CR2E034 (11/05) 04022006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3232722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHICK, DAVID L DO NOT WRITE 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COLE, J D NAME U00000497526 STREET ADDRESS 2501 N ORANGE AVE, #340 04/22/06-80057-018 150.00 ORLANDO, FL 32806 CITY-ST-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE COTY-57-71P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 suppliemental 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 10, 2006 08:00 AM Secretary of State

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