## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2006 08:00 AN DOCUMENT # P95000025427 **Secretary of State** ORLANDO VACATION RESORT, INC. Principal Place of Business Mailing Address 545 N PARK AVE P 0 B0X 221 BROOKLYN, NY 11208-0221 WINTER PARK, FL 32789 CR2E034 (11/05) 01052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3318530 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIETNICH, PAUL ESQ DO NOT WRITE STUMP, STOREY & CALAHAN 37 NORTH ORANGE AVENUE IN THIS SPACE ORLANDO, FL 32801 3. 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000408928 Trust Fund Contribution. Added to Fees 02/08/06-80076-024 150.00 OFFICERS AND DIRECTORS 10. TITLE FERNANDEZ, B.R. NAME STREET ADDRESS 2689 PITKIN AVE CITY-ST-ZIP BROOKLYN, NY 11208 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

 I hereby certily that the informal indicated on this report or supplied the corporation or the received oplied with this viling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information had 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 these 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 attache

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #