## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

14 | l.... ¥6

## **FILED** Ian 31. 2006 08:00 AN

	MITITORE	IVEI OIVI		_ ុ	an 91, 2	ovo vo.	UU A
DOCUMENT  1. Entity Name		Secretary of State					
	N ORLANDO, P.A.						
Principal Place of Busines	2	Mailing Address		1			
2010 S. ORANGE AVENU		110 MARCUS DRIVE					
ORLANDO, FL 32806		MELVILLE, NY 11747 US	S				
		·		#	!! <b>       </b>		E
	.,	· · · · · · · · · · · · · · · · · · ·					
	t ekandida di bawiy	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				}}}} <b>                                 </b>	
				01112006 No	Charle CD	2E034 (11/05)	
no si	OT MARRIETE	IN THIS SPA		01112006 NO	Chg-P CR	.ZEU34 ( 1 1/U5)	
DO IN	OI AALCIIE	in inig of	<b>WE</b>	4. FEI Number			lied For
	*	in the second of the second		59-3357390	·		Applicable
				5. Certificate of State	us Desired 🔲	\$8.75 Additi	onal
6. Name	and Address of Current R	gistered Agent	T	.1		,	
,		<del>*************************************</del>	1		April	* *	
IMPERATO, GABE	ESQ			DO NO	T WRI	TE	
BROAD & CASSEL  1 FINANCIAL PLAZ			11,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. :			
FORT LAUDERDALE, FL 33394				IN TH	S SPAC	0000	
	,						
			<u> </u>	<u></u>	:	· · · · · · · · · · · · · · · · · · ·	
<ol> <li>The above named entilement of the obligations of regis</li> </ol>		he purpose of changing its regis	tered office or registe	red agent, or both, in th	e State of Florida. I	am familiar with, ar	nd accept
	<b></b>						
SIGNATURE Sonature, Notes	for printed name of registered agent an	time é applicable. (NOTE: Reos	tered Agent signature require:	d when reinstational		ATE	
33.22311,770		l (10-12-14-gr					
1 1122 110 110 1100100				.00 May Be			
	6 Fee will be \$550.00	Trust Fund Contribution	on. 🔲 Add	ded to Fees			
10.	OFFICERS AND D	RECTORS	, , , ,	1 0 - 1 1 - 1	in total religion		
TITLE PTSD				in the reservoir of exercises, the state of the state of exercises	aranin ya sa kata 1818 Timor da da kata 1999 ya		
1 <b>1</b>	AN, RAYMOND V				()	Marini adipter tug	is permissible
l l	CUS DRIVE		11.1.				
<del></del>	E, NY 11747	<del></del>		s . www.eesich			1 1. 11 11.1
TITLE			1		U000000407	947	
NAME STREET ADDRESS			ł	02.	/08/06-800	40-020 150	ι <b>,</b> ΨΨ
CITY-ST-ZIP			1				
lite					•		
NAME			<b>f</b>				
STREET ADDRESS				TYPE NIC	OT WRI	TE.	
CITY-ST-ZIP			<b></b>	. LIV. IN	ne aalei	1 Kin	
UNLE				IN TH	IS SPAC	Page 19191	in a service
NAME				##35.,#:##	1 Nov. 2011; 8-44	e Aus	
SIREET ADDRESS					•	;	
CITY-ST-ZIP				. i.,			
RINE NAME				Malaste 1 14			
NAMIL STREET ADDRESS				n na h	aran da sa		
CITY-SI-ZIP				· · · · · · · · · · · · · · · · · · ·	Marian and Africa	Harrier (Arabert)	
DILE		<del></del>					
NAME	·						•
STREET ADDRESS				<u> </u>			
CUY-SI-ZIP				tu it matachine vivi vite te At	فأبلأني وتهويب ملتب مات		

12. Thereby 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 on the receiver of trastee 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 affaichment with an address, with all other like empowered. Raymond V. Damadian, President 137 W

631-694-2929

Daytime Phone #