2007 FOR PROFIT CORPORATION

FILED May 17, 2007 8:00 am Secretary of State

05-17-2007 90040 010 ***158.75

ANNUAL REPORT (AR)

DOCUMENT # P98000069347

1. Entity Name

APPLIED BUILDING DEVELOPMENT OF ORLANDO -S.T., INC.



| | | | | | | 2012 | | | | | | |
|---|---|---|----------------------|--|------------------------------|---|--|---------------------------|------------------------------|--------------|---------------------------|-------------|
| Principal Plac | e of Business | | Mailin | g Address | | |] | | | | | |
| 8000 THE I ORLANDO | ESPLANADE FL- 32836 32819 | 7380 W. SAN ROAS, STE. | 4 20 ORL | THE ESPLANAE ANDO FL 32836 3 21 | JE 7380 W. • | . SAND A STE. 4 | AKE. | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mail | 3. Mailing Address | | | - | | | | | |
| Suite, Apt. #, etc. | | | Suite | Suite, Apt. #, etc. | | | | 1st MOORE CR2E034 (10/06) | | | | |
| City & State | | | City | City & State | | | 1 59-352//54 1 | | | | plied For t Applicable | |
| Zip | | Country | Zip | | Country | | 5. Certificate | e of Status Des | ired 💆 | | 5 Add | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| 1401 | UNU DAV ((D | | | | Namo | | | | | | | |
| ∠80 0 | HN, DAVID 10 THE ES LANDO FL | PLANADE - 73 32836 | 180 W. S | GAND LAKE RS. | , STE, TOStreet | Address (| P.O. Box Numb | per is Not Acco | ptable) | | | |
| | | 32819 | | | ŀ | | | | | | | |
| | | | | · | City | | | | | ┌┖│ | p Code | |
| 8. The above the obligat | named entity s tions of register | submits this statemented agent. | t for the purp | ose of changing its | registered office | or register | red agent, or bo | oth, in the State | of Florida. | l am familia | r with, | and accept |
| SIGNATURE. | Signature, typed or | printed name or registered ag | ent and tille if app | licable. (NOT | E; Registered Agent sig | nature required | d when reinstating) | | O | ATE | | |
| | | FEE IS \$150.00 Fee Will Be \$550. | 00 | | | | | 9. Election (| Campaign Fi d Contributio | _ | | 00 May Be |
| Make Check | k Payable to I | Florida Department | of State | | | | , | i i ustruii | a Continuatio | ,,,, | Adde | a to Fees |
| 10, | | OFFICERS AN | ID DIRECTO | RS | 11. | | ADDITIONS | CHANGES TO | OFFICERS | AND DIRE | CTORS | S IN 11 |
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| NAME | GUERON, D | | | | NAMI. | | _ | | | , \ | | |
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| name. | KOHN, DAV | | | | NAME | | | | | | | |
| STREET ADDRESS 8000 THE ESPLANADE | | | | | | | TADDRESS 1380 W. SAND LAKE RUAD, STE. 420 ST-ZIP ORLANDO, FL 32819 | | | | | |
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| STREET ADDRESS | | | | | STREET ADDRES | s | | | | | | |
| CITY-ST-ZIP | nortification at the | information over 01 | ۱۱۰ کهمرایاد ماداد. | | CITY-SI-ZIP | 1 | | 10. Electric Occ | | | | |

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

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SIGNATURE AND TYPED OF PAINT INTED NAME OF SIGNING OFFICER OR DIRECTOR

BAVID KOHN 5/1607

(402) 370-6400