	ANNU	AL REPORT (AR	i)	······································
1. Entity Na	MENT # P9900			FILED Mar 16, 2006 08:00 AM Secretary of State
Principal Place of Business		Mailing Address		1
1600 N ORANGE AVE ORLANDO FL 32804		1600 N ORANGE AVE ORLANDO FL 32804	Ē	
2. Principal Place of Business		3. Mailing Address	•	I I MANILARAT ING NAMBA NAMBA BANKA BANKA BANKA BANKA MANAH MANAH MANAH BIRKAR MANIHARI NG MBAT
Suite, Apt. If, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		Cny & State		4. FEt Number
Ζiμ	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address	of Current Registered Agent		7. Name and Address of New Registered Agent
MCGEE, THOMAS J 1600 N ORANGE AVE ORLANDO FL 32804			Name	
			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga	e named entity submits this standard agent.	tatement for the purpose of changing its	registered office or register	red agent, or both, in the State of Florida. I am familiar with, and according
SIGNATURE	Signature, typed or printed name of re-	gistered agent and title it applicable (NOT)	E. Registered Agent signature required	d when reinstating) OATE
After	TLE NOW!!! FEE IS \$15 May 1, 2006 Fee Will Bo k Payable to Florida Depa	e \$550,00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.  Added to Fee
10.		CERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS GIFY-ST-ZIP	D MCGEE, THOMAS J 1600 N ORANGE AVE ORLANDO FL 32804	□ Delete	THLE NAME STREET ADDRESS CRY+ST-ZIP	☐ Change ☐ A.L.
TITLE	}	☐ Delete	TITLE	☐ Change ☐ Add
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AUDRESS	U00000469483 U3/27/06-80001-023 150.00
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TITLE NAME STREET ADDRESS		☐ Delete	<b></b>	☐ Change ☐ Add:::

12. 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 call, that I am an officer or director of the corporation or the receiver or sustee 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.

SIGNATURE:

SIGNATURE:

SIGNATURE: 3-14-6 401-898-069, SIGNATURE: SIGNATURE AND DATED O

OF SIGNING FORED OF