


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000064665  
 1. Entity Name  
 PALM ORLANDO CORPORATION



Principal Place of Business C/O PALM MANAGEMENT CORPORATION 1730 RHODE ISLAND AVE., N.W., STE. 900 WASHINGTON, DC 20036 US	Mailing Address C/O PALM MANAGEMENT CORPORATION 1730 RHODE ISLAND AVE., N.W., STE. 900 WASHINGTON, DC 20036 US
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01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2271877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANZI, WALTER J JR. 1730 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOZZI, BRUCE 1730 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THIMM, ALFRED L JR 3980 MACOMB STREET, NW WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONGO, JAMES 900 PARK AVE FALLS CHURCH, VA 22046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000022991  
 02/02/04-80008-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.

SIGNATURE: *James Longo* *Treas* 1/27/04 202 775-7256  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #