


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 FEB -2 AM 9:48

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S73211 1. Entity Name 93266 CORP.	
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Principal Place of Business 540 MANDALAY ROAD ORLANDO, FL 32809	Mailing Address 2945 LAKE PINELOCH BLVD ORLANDO, FL 32806 US
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3078528	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, GREGORY A 29 E. PINE ST ORLANDO, FL 32801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000618585
02/08/07-80035-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, GLENN I 2945 PINELOCH BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, DAN G 540 MANDALAY RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, GREG 29 E PINE STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #