2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# V33214

Entity Name: MO-NA ENTERPRISE OF ORLANDO, INC.

Current Principal Place of Business:

8200 WORLD CENTER DR
ORLANDO, FL 32836 US

New Principal Place of Business:

Current Mailing Address:

7345 SAND LAKE RD #412
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3118873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTLOCK, DAVID R.
7345 SAND LAKE ROAD, #412
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	MAALI, MOHAMMAD M.,	
Address:	6289 INDIAN MEADOW	
City-St-Zip:	ORLANDO, FL	
Title:	PD	( ) Delete
Name:	PORTLOCK, DAVID R	
Address:	7345 SAND LAKE RD	
City-St-Zip:	ORLANDO, FL	
Title:	S	( ) Delete
Name:	MAALI, JAMIL	
Address:	9942 BAY VISTA ESTATES	
City-St-Zip:	ORLANDO, FL	
Title:	D	( ) Delete
Name:	BARGHUTHI, AHMED	
Address:	3225 WESLY CHAPEL RD	
City-St-Zip:	DECATUR, GA	
Title:	D	(X) Delete
Name:	PORTLOCK, SUSAN	
Address:	10848 WOODCHASE CIRCLE	
City-St-Zip:	ORLANDO, FL 32836	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PORTLOCK, SUSAN	
Address:	56 GROFF RD	
City-St-Zip:	HORSEHEADS, NY 14845	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PORTLOCK PD 04/19/2005

Electronic Signature of Signing Officer or Director — Date