

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90410 015 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P99000072348**

1. Entity Name  
 MABBETTE STREET BUSINESS CENTRE, INC.



Principal Place of Business  
 4430 S ORANGE BLOSSOM  
 KISSIMMEE, FL 34746 US

Mailing Address  
 4430 S ORANGE BLOSSOM  
 KISSIMMEE, FL 34746 US



2. Principal Place of Business  
 3601 S. Orange Blossom

3. Mailing Address  
 3601 S. Orange Blossom

Suite, Apt. #, etc. TR Suite, Apt. #, etc. TR

City & State City & State

Zip Country Zip Country

04052006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3591141 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'SHAUGHNESSY, ROSEMARIE  
 4430 S ORANGE BLOSSOM  
 KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 3601 S. Orange Blossom Trail

City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 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	D RAO, MARIA W. <del>Decd. 6/28/02</del> 4430 S ORANGE BLOSSOM KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SHAUGHNESSY, ROSEMARIE 4430 S ORANGE BLOSSOM KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3601 S. Orange Blossom Trail
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosemarie O'Shaughnessy, Pres.* 4-11-06 (407) 847-2477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #