

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90378 050 ***150.00

DOCUMENT # H84690

1. Entity Name
OREVERO CORPORATION



Principal Place of Business Mailing Address
P.O. BOX 220 FINKSBURG, MD 210-48US US **P.O. BOX 220 FINKSBURG, MD 210-48US US**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

01082006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2593365** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

OFFUTT, HARRY C., III
3003 CARDINAL DRIVE
SUITE C
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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	DP	<input type="checkbox"/> Delete
NAME	PERKINS, RUTH S.	
STREET ADDRESS	1955 VALHALLA DRIVE	
CITY-ST-ZIP	FINKSBURG, MD 21048	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERKINS, GEORGE W.	
STREET ADDRESS	1955 VALHALLA DRIVE	
CITY-ST-ZIP	FINKSBURG, MD 21048	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, ROBERT	
STREET ADDRESS	19 MELODY LN	
CITY-ST-ZIP	PELHAM, NH 03076	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, BARBARA	
STREET ADDRESS	19 MELODY LN	
CITY-ST-ZIP	PELHAM, NH 03076	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARMAN, ROGAR	
STREET ADDRESS	7 HEATHER DR	
CITY-ST-ZIP	NORTHPORT, NY 11768	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, MELINDA	
STREET ADDRESS	19 GRAND AVENUE	
CITY-ST-ZIP	NORTHPORT, NY 11768	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY SHERMAN	
STREET ADDRESS	19 MELODY LN	
CITY-ST-ZIP	PELHAM, NH 03076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS SHERMAN	
STREET ADDRESS	19 MELODY LN	
CITY-ST-ZIP	PELHAM, NH 03076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCO MACALUSO	
STREET ADDRESS	20 RUE DES SAINES	
CITY-ST-ZIP	FREIGHTSBURG, QUEBEC J0J1C0 CANADA	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHARINE SHERMAN	
STREET ADDRESS	19 GRAND AVE	
CITY-ST-ZIP	NORTHPORT, NY 11768	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: GEORGE W. PERKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 MARCH 2006 410 848 0868
 Date Daytime Phone #