

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84690

FILED
Jan 24, 2009
Secretary of State

Entity Name: OREVERO CORPORATION

Current Principal Place of Business:

1955 VALHALLA DRIVE
FINKSBURG, MD 21048US US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220
FINKSBURG, MD 21048US US

New Mailing Address:

FEI Number: 59-2593365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OFFUTT, HARRY C., III
3003 CARDINAL DRIVE
SUITE C
VERO BEACH, FL 32963 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: DP () Delete
Name: PERKINS, RUTH S.,
Address: 1955 VALHALLA DRIVE
City-St-Zip: FINKSBURG, MD 21048 US

Title: DT () Delete
Name: PERKINS, GEORGE W.,
Address: 1955 VALHALLA DRIVE
City-St-Zip: FINKSBURG, MD 21048 US

Title: D () Delete
Name: SHERMAN, ROBERT,
Address: 19 MELODY LN
City-St-Zip: PELHAM, NH 03076 US

Title: D () Delete
Name: SHERMAN, BARBARA,
Address: 19 MELODY LN
City-St-Zip: PELHAM, NH 03076 US

Title: D () Delete
Name: SHERMAN, ROGER
Address: 87 STRATFORD SOUTH
City-St-Zip: ROSLYN HEIGHTS, NY 11577 US

Title: D () Delete
Name: SHERMAN, TERRY
Address: 18 OAKLAND AVE
City-St-Zip: ARLINGTON, MA 02476 US

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GEORGE W PERKINS

DT

01/24/2009

Electronic Signature of Signing Officer or Director

_____ Date