2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065519

Name:

Address:

City-St-Zip:

MOSLEY, LORRAINE

PHOENIX, AR 85048

2630 EAST WINDMERE DRIVE

Entity Name: ORLANDO NOTARY PUBLIC, INC

FILED Apr 18, 2006 Secretary of State

Entity Nan	ne: ORLAI	NDO NOTARY P	UBLIC, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
2457A SOL ORLANDO		ASSEE RD. # 258					
Current Mailing Address:				New Mailing Address:			
2457A SOL ORLANDO		ASSEE RD. # 258					
FEI Number: 81-0557505 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired (Certificate of Status Desired ()		
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
BRYON, KA 2457A SOL ORLANDO	JTH HIAWA	ASSEE RD. # 258 US					
The above in the State		ty submits this sta	atement for the pu	pose of changing it	s registere	ed office or registered agent, or both,	
SIGNATUR							
Electronic Signature of Registered Agent						Date	
Election Can	npaign Finan	cing Trust Fund Cor	tribution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D BRYON, KA 2457A SOU ORLANDO,	TH HIAWASSEE RD.	# 258	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D MOSLEY, S 2630 EAST PHOENIX, A	WINDMERE DRIVE		Title: Name: Address: City-St-Zip:	D BRYON, PA 1829 BAILL ORLANDO,	LIE GLASS LANE	
Title:	D	() Delete		Title [.]	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

MOSLEY, LORRAINE 7101 CANE HILLS CIRCLE

ORLANDO, FL 32819

SIGNATURE: KAREN A. BRYON D 04/18/2006