


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P98000059403	
1. Entity Name O'RIORDAN COMPANIES, INC.	

Principal Place of Business 8717 N. NEBRASKA AVE. TAMPA FL 33604. US	Mailing Address 8717 N. NEBRASKA AVE. TAMPA FL 33604 US
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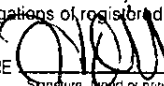
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3519704	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'RIORDAN, JOSEPH 8705 N. HIGHLAND AVE TAMPA FL 33604	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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  *Sec/Treas* DATE 3-12-07

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	O'RIORDAN, JOSEPH 8702 N. HIGHLAND TAMPA FL 33604	TITLE	U00000669113 03/27/07-80059-018 150.00
TITLE ST	O'RIORDAN, HEATHER 8702 N HIGHLAND AVE TAMPA FL 33604	TITLE	
TITLE VD	RUTTER, WILLIAM 7303 CANAL BLVD TAMPA FL 33615	TITLE	
TITLE		TITLE	
TITLE		TITLE	
TITLE		TITLE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  *Heather O'Riordan* DATE 3-12-07 Dulyfile Phone # 813-990-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR