
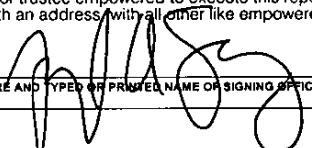


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90429 011 ***150.00

DOCUMENT # 584709 1. Entity Name ORION INVESTMENT AND MANAGEMENT LTD. CORP.					
Principal Place of Business 9000 SW 152ND ST SUITE 406 MIAMI, FL 33157 US			Mailing Address P.O. BOX 560607 MIAMI, FL 33256 US		
2. Principal Place of Business 9155 S. Dadeland Blvd Suite, Apt. #, etc. Suite 1602			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI FL			City & State		
Zip 33156		Country USA		4. FEI Number 59-1845874	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROWN, B. MACKAY 9000 SW 152 ST #102 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9155 S. Dadeland Blvd #1602 City MIAMI FL Zip Code 33156	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANZ, JOSEPH 9000 SW 152 ST, #106 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. Dadeland Blvd #1602 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BUHRMASTER, NORMAN J 9000 SW 152 ST, #106 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. Dadeland Blvd #1602 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANZ, JOAN 9000 SW 152 ST, #106 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. Dadeland Blvd #1602 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROWN, B. M 9000 SW 152 ST, #106 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. Dadeland Blvd #1602 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	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"/> Delete	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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/06 Date		
			3052988400 Daytime Phone #		