

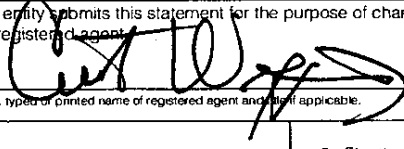
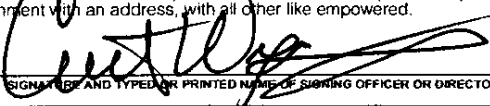


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90027 001 \*\*\*150.00

<b>DOCUMENT # 628639</b> 1. Entity Name <b>THE PENSION COMPANY ORLANDO</b>					
Principal Place of Business <b>ONE PURLIEU PLACE SUITE 825 WINTER PARK, FL 32792 US</b>			Mailing Address <b>ONE PURLIEU PLACE SUITE 825 WINTER PARK, FL 32792 US</b>		
2. Principal Place of Business - No P.O. Box # <b>ONE PURLIEU PLACE</b>		3. Mailing Address <b>ONE PURLIEU PLACE</b>		  01192008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>SUITE 260</b>		Suite, Apt. #, etc. <b>SUITE 260</b>			
City & State <b>WINTER PARK, FL</b>		City & State <b>WINTER PARK, FL</b>			
Zip                      Country <b>32792</b>		Zip                      Country <b>32792</b>			
4. FEI Number <b>59-1935595</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WIGGINS, CURT 1 PURLIEU PLACE STE 285 WINTER PARK, FL 32792</b>			7. Name and Address of New Registered Agent Name <b>WIGGINS, CURT</b> Street Address (P.O. Box Number is Not Acceptable) <b>ONE PURLIEU PLACE, SUITE 260</b> <b>WINTER PARK, FL 32792</b> City <b>FL</b> 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  DATE <b>2/4/8</b> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete <b>WIGGINS, CURT 1 PURLIEU PLACE STE 285 WINTER PARK, FL 32792</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WIGGINS, CURT 1 PURLIEU PLACE, STE 260 WINTER PARK, FL 32792</b>	
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	
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	
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:  Date <b>2/4/8</b> Daytime Phone # <b>407 678-7666</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					