

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162988

**FILED**  
**Feb 24, 2008**  
**Secretary of State**

**Entity Name:** ORLANDO EDUCATIONAL SERVICE, INC

**Current Principal Place of Business:**

3387 W. VINE ST  
SUITE #305  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

3387 WEST VINE STREET  
SUITE 305  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3387 W. VINE ST  
SUITE #305  
KISSIMMEE, FL 34741

**New Mailing Address:**

3387 WEST VINE STREET  
SUITE 305  
KISSIMMEE, FL 34741

**FEI Number:** 76-0810893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARIAS, MAIKEL R PST  
3387 W. VINE ST  
SUITE # 305  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

ARIAS, MAIKEL R PST  
3387 WEST VINE STREET  
SUITE 305  
KISSIMMEE, FL 34741 US

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: MAIKEL R. ARIAS

02/24/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: ARIAS, MAIKEL R PST  
Address: 3387 W. VINE ST SUITE # 305  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: ARIAS, MAIKEL R PST  
Address: 3387 WEST VINE STREET SUITE 305  
City-St-Zip: KISSIMMEE, FL 34741

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: MAIKEL R. ARIAS

PST

02/24/2008

Electronic Signature of Signing Officer or Director

Date