

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M56156

FILED
Apr 28, 2009
Secretary of State

Entity Name: ORION AMERICA HOLDINGS, INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
MIAMI, FL 33133

New Principal Place of Business:

2 ALHAMBRA PLAZA
SUITE 802
CORAL GABLES, FL 33134

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
MIAMI, FL 33133

New Mailing Address:

2 ALHAMBRA PLAZA
SUITE 802
CORAL GABLES, FL 33134

FEI Number: 65-0021319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIETE, ROBERTO
2665 SOUTH BAYSHORE DR. STE 906
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

KRIETE, ROBERTO
2 ALHAMBRA PLAZA
SUITE 802
CORAL GABLES, FL 33134 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: ROBERTO KRIETE

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRIETE, ROBERTO
Address: 2665 SOUTH BAYSHORE DR. STE 906
City-St-Zip: MIAMI, FL 33133

Title: ST () Delete
Name: KRIETE, RICARDO
Address: 2665 SOUTH BAYSHORE DR. STE 906
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KRIETE, ROBERTO
Address: 2 ALHAMBRA PLAZA, STE. 802
City-St-Zip: CORAL GABLES, FL 33134

Title: ST (X) Change () Addition
Name: KRIETE, RICARDO
Address: 2 ALHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33134

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: ROBERTO KRIETE

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date