2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AN
Secretary of State

DOCUMENT # 182678 1. Entity Name ORDON'S INC.			Secretary of Stat			ıte	
Principal Plac 210-B PALA PENSACOLA	NFOX PLACE	ailing Address PO BOX 1791 PENSACOLA, FL 32598-1791	US	· · · · · · · · · · · · · · · · · · ·	3 (mmm) (m() m1337 m231) n	okan mini muni sunikani kuna	
و در میسوید به مس				02202007 No Ch	, 1.1.2 , , , , , , , , , , , , , , , , , , ,	E034 (11/05)	
	O NOT WRITE II	N THIS SPA	CE	4. FEI Number 59-0727412		Applied For Not Applicable	
			ا منظم المنظم المنظ المنظم المنظم	5. Certificate of Status De	esired 🗍	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	stered Agent	American de la companya de la compan				
KAHN,NATHAN A 210-B PALAFOX PLACE PENSACOLA, FL 32501				DO NOT			
LINOAGO	7L7, 1 L 3230 ;		* * * * * * * * * * * * * * * * * * * *	IN THIS	SPAC		
	e named entity submits this statement for the	ourpose of changing its registere	ed office or register	ed agent, or both, in the Sta	te of Florida, I an	n familiar with, and accept	
ine obliga SIGNATURE,	tions of registered agent.			,			
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registere	d Agent signature required	(where reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 		00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	<u> </u>				
TITLE NAME	DPST KAHN, NATHAN A						
STREET ADDRESS CITY-ST-ZIP	210-B PALAFOX PLACE PENSACOLA, FL 32501	A control of the cont					
TITLE		ACCESS DESCRIPTION FOR THE	U00000669929				
NAME STREET ADDRESS			00.001 600-16008-707/50				
CITY-ST-ZIP							
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STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE					
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CITY-ST-ZIP				and the second second	ar angara da		
TITLE NAME				Tarana () () () () () () () () () () () () ()			
STREET ADDRESS CITY-ST-ZIP			1 1 1 1 1 1 1 1 1 1				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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: **MATHAKLA-KAHW** 3-/4-07** **SSD-438-493/** **SIGNATURE: **ATHAMLA-KAHW** 3-/4-07** **SSD-438-493/** **SIGNATURE: **ATHAMLA-KAHW** 3-/4-07** **SSD-438-493/** **SIGNATURE: **ATHAMLA-KAHW** **ATHAMLA-KAHW*							
#. WIAN1		NAME OF SIGNING OFFICER OR DIRECT		Date	<u>,</u>	Daytime Phone I	