2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 398479

Entity Name: OR-EL, INC.

Current Principal Place of Business:

10432 CR 44
P.O. BOX 10432
LEESBURG, FL 34788 US

New Principal Place of Business:

10432 CR 44
LEESBURG, FL 34788 US

Current Mailing Address:

10432 CR 44
P.O. BOX 10432
LEESBURG, FL 34788 US

New Mailing Address:

10432 CR 44
LEESBURG, FL 34788 US

FEI Number: 59-1392870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWLEY, RICHARD R.
10432 CR 44
SPILLWAY PK
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HOWLEY, LYNN,
Address: SPILLWAY PARK
City-St-Zip: LISBON, FL

Title: VD ( ) Delete
Name: HOWLEY, DONALD,
Address: 6601 LOQUAT LANE
City-St-Zip: ORLANDO, FL

Title: PD ( ) Delete
Name: HOWLEY, RICHARD,
Address: SPILLWAY PARK
City-St-Zip: LISBON, FL

Title: D ( ) Delete
Name: HOWLEY, KUMEKO,
Address: 6601 LOQUAT LANE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LYNN A. HOWLEY SD 03/31/2009
Electronic Signature of Signing Officer or Director Date