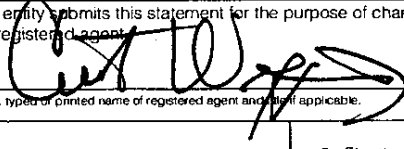
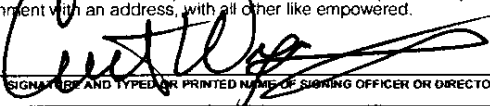


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2008 90027 001 ***150.00

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