


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 764778


1. Entity Name
 ORLANDO WHEELCHAIR GAMES, INC.



Principal Place of Business
 8426 ISLAND PALM CIRCLE
 ORLANDO, FL 32835

Mailing Address
 8426 ISLAND PALM CIRCLE
 ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2429792	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JIM
 8426 ISLAND PALM CIRCLE
 ORLANDO, FL 32835

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TABLER, BRYAN 2883 EUSTON ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOCHAR, TED 3610 PELICAN LANE ORLANDO, FL 32083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MOORE, JIM 8426 ISLAND PALM CIRCLE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAY, KAREN B 2004 PALM VIEW DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/21/08-80050-010 70.00

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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 617, 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: Jim Moore **JIM MOORE** 3/3/2008 407-399-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #