2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 30, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # 839176 ORIENTATION, INC.						07-30-200	04 90002 (031 ***	*61.25
Principal Place of Business STAR ROUTE 2 BOX 511		Mailing Address STAR ROUTE 2 BOX 511			440	50643				
288 LUCKY LANE BRACY, VA 23919 US		288 LUCKY LANE Bracy, va 23919 us				 		#### 618 71 #### 1	ridii didii didi	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07212004 _C	hg-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number Applied For 51-0217400 Not Applicable					
Zip	Country	Zip		Country		5. Certificate of S	tatus Desired	- □ \$	8.75 .Add ee Required	itional i
	6. Name and Address of Current	Registered A	gent			7. Name and Add	iress of New R	egistered Ag	ent	
	- A10 P			Name						
BACHMAN, DAVID D 10679 LAKE JAMOREA DR TALLAHASSEE, FL 32312		ļ		Street	Street Address (P.O. Box Number is Not Acceptable)					
				ļ						
				City				FL	Zip Code	3
	named entity submits this statement for	or the purpose	of changing its re	gistered office	r register	ed agent, or both, in	the State of Flo	rida. I am far	miliar with,	and accept
the obligati	ions of registered agent.									
	•									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicabl	e. (NOTE: Re	egistered Agent signi	ture required	when reinstating)		DATE		
	Filing Fee is \$61.25		e. (NOTE: Ri 9. Election Campi Trust Fund Cor	aign Financing	ture required	\$5.00 May Be		ake check p		
Di	Filing Fee is \$61.25 ue by September 8, 2004	!	9. Election Campa	aign Financing ntribution.		\$5.00 May Be Added to Fees	Flor	ake check p ida Departn	nent of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: .