2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857381

Entity Name: ORANGELAND VISTAS, INC.

Current Principal Place of Business:

FILED Apr 28, 2006 Secretary of State

% JENNIFER USHER TWO NORTH RIVERSIDE PLAZA., STE 800 CHICAGO, IL 60606		% DAVID W. FELL TWO NORTH RIVER CHICAGO, IL 60606	TWO NORTH RIVERSIDE PLAZA., STE 800	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
% JENNIFER USHER TWO NORTH RIVERSIDE PLAZA., STE 800 CHICAGO, IL 60606		% DAVID W. FELL TWO NORTH RIVERSIDE PLAZA., STE 800 CHICAGO, IL 60606		
FEI Number: 36-3250287	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 US				
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.				

New Principal Place of Business:

Election Campaign Financing Trust Fund Contribution ().

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

AVPS

USHER, JENIFER

CHICAGO, IL 60606

(X) Delete

2 NORTH RIVERSIDE PLAZA.. #800

SIGNATURE:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Date

Title: () Delete Title: () Change () Addition GREENBERG, ARTHUR A Name: Name: TWO NORTH RIVERSIDE PLAZA., #800 Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: VPTD () Delete Title: **VPTD** (X) Change () Addition Name: OBUCHOWSKI, SUSAN Name: OBUCHOWSKI, SUSAN TWON NORTH RIVERSIDE PLAZA., #800 Address: TWO NORTH RIVERSIDE PLAZA., #800 Address: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: Title: () Delete () Change () Addition ZOELLER, JOHN Name: Name: TWO N RIVERSIDE PLAZA, #600 Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: AVP () Delete Title: **AVPS** (X) Change () Addition SCHULTZ, GENEVIEVE SCHULTZ, GENEVIEVE Name: Name: Address: 2 NORTH RIVERSIDE PLAZA., #800 Address: 2 NORTH RIVERSIDE PLAZA., #800 City-St-Zip: City-St-Zip: CHICAGO, IL 60606 CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify for the 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

Title:

Name:

Address:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. FELL

04/28/2006

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears