


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000004908 1. Entity Name ORLANDO-HAWAIIAN, INC.	
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Principal Place of Business 1250 SPRINGFIELD PIKE - SUITE 400 CINCINNATI, OH 45215	Mailing Address 1250 SPRINGFIELD PIKE - SUITE 400 CINCINNATI, OH 45215
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1627443	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITTEMORE, DONALD H 400 N. TAMPA ST., SUITE 2630 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when resigning)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000151280 05/04/04-80039-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROOKS, DAVID L 1250 SPRINGFIELD PIKE - SUITE 400 CINCINNATI, OH 45215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HELDMAN, GEORGE L 415 BOND PLACE CINCINNATI, OH 45206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRESS, EDWARD M 10 COURTHOUSE PLAZA SW, SUITE 1100 DAYTON, OH 45402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HEWITT, MARY B 10 COURTHOUSE PLAZA, SW, SUITE 1100 DAYTON, OH 45402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/29/04 (513) 821-1980 Ex 111 Date Daytime Phone #
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