


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # G56076 1. Entity Name ORLANDINN FLORIDA, INC.	
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Principal Place of Business 2424 RTE 52 HOPEWELL JUNCTION, NY 12533 US	Mailing Address 2424 RTE 52 HOPEWELL JUNCTION, NY 12533 US
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3206697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	VS PLEMMONS, JODEE 2424 RTE 52 HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENDZIERA, CRAIG 2424 RTE 52 HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STEENHUISEN, ROBERT 2424 RTE 52 HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICKARDS, T. RAYMOND 2424 RTE 52 HOPEWELL JUNCTION, NY 12533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/28/08-80020-016 150.00

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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 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: *Robert Steenhuisen* **4/28/08 815 223 3603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #