
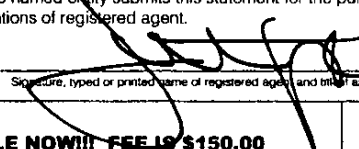
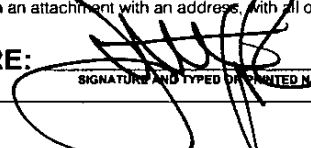


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90840 008 ***150.00

DOCUMENT # H83486 1. Entity Name URBANORDER, INC.					
Principal Place of Business 5006 S ELBEDON ST TAMPA, FL 33611 US			Mailing Address 1234 2ND ST SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5006 S. ELBERON ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. TAMPA		04272007 Chg-P CR2E034 (12/06)	
City & State		City & State FL		4. FEI Number 59-2605776	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33611		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALL, GREG 1234 2ND STREET SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name JOSEPH TOPH Street Address (P.O. Box Number is Not Acceptable) 5006 S. ELBERON ST. City TAMPA FL Zip Code 33611		
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>				DATE 4-25-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOPH, JOSEPH M.L. 5006 S. ELBERON ST. TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WALL, GREG 1234 2ND ST SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-25-07	