

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90378 050 ***150.00

DOCUMENT # H84690

1. Entity Name
OREVERO CORPORATION



Principal Place of Business Mailing Address
P.O. BOX 220 FINKSBURG, MD 210-48US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01082006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2593365 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OFFUTT, HARRY C., III
3003 CARDINAL DRIVE
SUITE C
VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **PERKINS, RUTH S.**
STREET ADDRESS **1955 VALHALLA DRIVE**
CITY-ST-ZIP **FINKSBURG, MD 21048**

TITLE **DT** ☐ Delete
NAME **PERKINS, GEORGE W.**
STREET ADDRESS **1955 VALHALLA DRIVE**
CITY-ST-ZIP **FINKSBURG, MD 21048**

TITLE **D** ☐ Delete
NAME **SHERMAN, ROBERT**
STREET ADDRESS **19 MELODY LN**
CITY-ST-ZIP **PELHAM, NH 03076**

TITLE **D** ☐ Delete
NAME **SHERMAN, BARBARA**
STREET ADDRESS **19 MELODY LN**
CITY-ST-ZIP **PELHAM, NH 03076**

TITLE **D** ☐ Delete
NAME **SHARMAN, ROGAR**
STREET ADDRESS **7 HEATHER DR**
CITY-ST-ZIP **NORTHPORT, NY 11768**

TITLE **D** ☒ Delete
NAME **SHERMAN, MELINDA**
STREET ADDRESS **19 GRAND AVENUE**
CITY-ST-ZIP **NORTHPORT, NY 11768**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **TERRY SHERMAN**
STREET ADDRESS **19 MELODY LN**
CITY-ST-ZIP **PELHAM, NH 03076**

TITLE **D** ☐ Change ☒ Addition
NAME **THOMAS SHERMAN**
STREET ADDRESS **19 MELODY LN**
CITY-ST-ZIP **PELHAM, NH 03076**

TITLE **D** ☐ Change ☒ Addition
NAME **MARCO MACALUSO**
STREET ADDRESS **20 RUE DES SAINES**
CITY-ST-ZIP **FREIGHTS BURG, QUEBEC J0J1C0 CANADA**

TITLE **D** ☐ Change ☐ Addition
NAME **KATHARINE SHERMAN**
STREET ADDRESS **19 GRAND AVE**
CITY-ST-ZIP **NORTHPORT, NY 11768**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

GEORGE W. PERKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 MARCH 2006 4108480868

Date

Daytime Phone #