


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 023 ***150.00

DOCUMENT # K47529 1. Entity Name ORFELY ENTERPRISES INC.					
Principal Place of Business 14621 BALGOWAN RD 204 MIAMI LAKES, FL 33016 US			Mailing Address 14621 BALGOWAN RD 204 MIAMI LAKES, FL 33016 US		
2. Principal Place of Business - No P.O. Box # 1533 CHAUCEr Ct.		3. Mailing Address 1533 CHAUCEr Ct.			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State DeLand FLORIDA		City & State DeLand FLORIDA		4. FEI Number 65-0093583	
Zip 32724		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORFELY, GEORGE P. 14621 BALGOWAN RD #204 MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name George P Orfely Street Address (P.O. Box Number is Not Acceptable) 1533 CHAUCEr Ct City DeLand FL Zip Code 32724			
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 <u><i>George P. Orfely</i></u> DATE <u><i>1/8/08</i></u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ORFELY, GEORGE 14621 BALGOWAN RD STE 204 MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1533 CHAUCEr Ct DeLand FL 32724		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ORFELY, JOSEPH 14621 BALGOWAN RD STE 204 MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1533 CHAUCEr Ct DeLand FL 32724		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ORFELY, MATTHEW 14621 BALGOWAN RD STE 204 MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1533 CHAUCEr Ct DeLand FL 32724		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ORFELY, PAT 14621 BALGOWAN RD STE 204 MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1533 CHAUCEr Ct DeLand FL 32724		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>George P. Orfely - Director</i></u> DATE <u><i>1/8/08</i></u> DAYTIME PHONE # <u><i>305 5587744</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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