

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L58517
 1. Entity Name
ORION TECHNOLOGIES INCORPORATED



Principal Place of Business Mailing Address
690 CONE PARK COURT **690 CONE PARK COURT**
STE A **STE A**
MERRITT ISLAND, FL 32952 US **MERRITT ISLAND, FL 32952 US**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0187329 Not Applicable

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

6. Name and Address of Current Registered Agent
BRONCHICK, KENNETH C ESQ.
100 W. CYPRESS CREEK RD.
TRADE CENTER SOUTH, STE. 910
FT. LAUDERDALE, FL 33309

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	STEVENS, LEE CHARLES
STREET ADDRESS	690 CONE PARK COURT STE A
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	V
NAME	STEVENS, LINDA K
STREET ADDRESS	690 CONE PARK COURT STE A
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000334936
 04/27/05-80066-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(5), 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: Lee C Stevens (President) 4-25-05 321-452-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #