2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001027

FILED Apr 27, 2007 Secretary of State

Entity Name: ORLANDO REGIONAL WORKFORCE DEVELOPMENT PARTNERSHIP, INC.

Current Principal Place of Business:					New Principal Place of Business:			
SUITE 300	ANDO AVE.)), FL 32751							
Current Mailing Address:					New Mailing Address:			
SUITE 300	ANDO AVE),), FL 32751							
FEI Number:	59-3703119	FEI N	umber Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate of Stat	us Desired()
Name and	Address of	Current	Registered Agent:		Name and	Address of	New Registered	Agent:
SUITE 300 MAITLAND	ANDO AVE)), FL 32751		s this statement for the p	ourboso o	f changing it	e registered (office or registere	d agent or both
	of Florida.	Submits	s this statement for the p	ourpose o	r changing it	s registered t	office of registere	u agent, or both,
SIGNATUF								
	Electro	nic Sign	ature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (SCHOTT, JAN 253 N. ORLAN MAITLAND, FI	NDO AVE.,	#300		Title: Name: Address: City-St-Zip:	() Change ()Additio	n
Title: Name: Address: City-St-Zip:	C (MILLER, MICI 253 N ORLAN MAITLAND, FI	DO AVE.,	#300		Title: Name: Address: City-St-Zip:	() Change ()Additio	n
Title: Name: Address: City-St-Zip:	S (BRADLEY, NA 253 N ORLAN MAITLAND, FI	DO AVE.,	#300		Title: Name: Address: City-St-Zip:	() Change ()Additio	n
Title: Name: Address: City-St-Zip:	BROCK, M.W 253 N ORLAN	DO AVE.,			Title: Name: Address: City-St-Zip:	() Change ()Additio	n
Title: Name: Address: City-St-Zip:	D (GREENLAW, 253 N ORLAN MAITLAND, F	DO AVE.,	#300		Title: Name: Address: City-St-Zip:	BROWN, STE	DO AVE., #300	n
Title: Name: Address: City-St-Zip:	D (MCGEE, E. A 253 N ORLAN MAITLAND, FI		#300		Title: Name: Address: City-St-Zip:	WILSON, THO	DO AVE., #300	n

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. SCHOTT P 04/27/2007