## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005560

Entity Name: ORLANDO GOLD VBC INC.

FILED May 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1700 LORENA LANE
ORLANDO, FL 32806

4512 DEEDE LANE
ORLANDO, FL 32806

ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

1700 LORENA LANE 4512 DEEDE LANE

ORLANDO, FL 32806 US ORLANDO, FL 32806 US

FEI Number: 36-4507592 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEAIRD, JAMES P
1700 LORENA LANE
4512 DEEDE LANE

ORLANDO, FL 32806 US ORLANDO, FL 32806 US

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.

SIGNATURE: JAMES BEAIRD 05/17/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BEAIRD, JAMES P
 Name:
 BEAIRD, JAMES P

 Address:
 1700 LORENA LN
 Address:
 4512 DEEDE LANE

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32806

 Title:
 TSD
 ( ) Delete
 Title:
 TSD
 (X) Change ( ) Addition

 Name:
 RIESZ, RHONDA
 Name:
 BEAIRD, RHONDA

 Name
 Name
 BEARD, RIGIDA

 Address:
 1700 LORENA LN
 Address:
 4512 DEEDE LANE

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32806

Title: D () Delete Title: () Change () Addition
Name: IANDOLO, MARY Name:

 Name:
 IANDOLO, MARY
 Name:

 Address:
 9661 CAMBERLEY CIRCLE
 Address:

 City-St-Zip:
 ORLANDO, FL 32836
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 BEAIRD PD 05/17/2005