

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003534

FILED
Apr 29, 2008
Secretary of State

Entity Name: ORLANDO ISLAND GIRLS INC

Current Principal Place of Business:

12610 COUNTRY MEADOW CT.
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

12610 COUNTRY MEADOW CT.
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 84-1674245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, SHIRLEY
12610 COUNTRY MEADOW COURT
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAWFORD, SHIRLEY
Address: 12610 COUNTRY MEADOW COURT
City-St-Zip: ORLANDO, FL 32828

Title: VP () Delete
Name: GARCIA, WENDY
Address: 640 UPPERRIVER COURT
City-St-Zip: ORLANDO, FL 32828

Title: T () Delete
Name: TILLET, PAMELA
Address: 2950 ROUNDABOUT LANE
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: RILEY, JOANNE
Address: 4237 WATERSIDE POINT CIR.
City-St-Zip: ORLANDO, FL 32829

Title: PR () Delete
Name: CUDJOE, CAROL
Address: 74 LANCER OAK DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS (X) Change () Addition
Name: CRAWFORD, SHIRLEY
Address: 12610 COUNTRY MEADOW COURT
City-St-Zip: ORLANDO, FL 32828

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHIRLEY CRAWFORD

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date