2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005133

Entity Name: ORLANDO BRASS WORKS, INC.

FILED Apr 12, 2006 Secretary of State

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

6772 GOLDENEYE DRIVE 701 SAXBY AVENUE ORLANDO, FL 32810 ORLANDO, FL 32835

Current Mailing Address: New Mailing Address:

701 SAXBY AVENUE 6772 GOLDENEYE DRIVE ORLANDO, FL 32810 ORLANDO, FL 32835

FEI Number: 20-2810937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CRAMER, KEVIN 16014 MARSHFIELD DRIVE TAMPA, FL 33624

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change () Addition () Delete ROBERTSON, GAIL MCAFEE, DONALD Name: Name:

6772 GOLDENEYE DRIVE Address: 1544 ELF STONE DRIVE Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: CASSELBERRY, FL 32707

(X) Change () Addition Title: () Delete Title: Name: FAYARD, ROBERT JR Name: ROBERTSON, GAIL

Address: 4504 RAINTREE RIDGE ROAD Address: 6772 GOLDENEYE DRIVE City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32810

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

CRAMER, KEVIN Name: CRAMER, KEVIN Name: 16014 MARSHFIELD DRIVE 1901 SOUTH VILLAGE AVENUE Address: Address:

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES A. PESHEK DBM 04/12/2006