

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005133

FILED
Jan 13, 2007
Secretary of State

Entity Name: ORLANDO BRASS WORKS, INC.

Current Principal Place of Business:

701 SAXBY AVENUE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

701 SAXBY AVENUE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-2810937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMER, KEVIN
16014 MARSHFIELD DRIVE
TAMPA, FL 33624 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: DP () Delete
Name: MCAFEE, DONALD
Address: 1544 ELF STONE DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: DVS () Delete
Name: ROBERTSON, GAIL
Address: 6772 GOLDENEYE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: DT () Delete
Name: CRAMER, KEVIN
Address: 1901 SOUTH VILLAGE AVENUE
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DBM () Change (X) Addition
Name: PESHEK, CHARLES
Address: 701 SAXBY AVENUE
City-St-Zip: ORLANDO, FL 32835

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

01/13/2007

Electronic Signature of Signing Officer or Director

Date