

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007317

FILED
Jan 23, 2009
Secretary of State

Entity Name: ORPHANS SONG, INC.

Current Principal Place of Business:

2030 ALAQUA LAKES BLVD.
LONGWOOD, FL 32779

New Principal Place of Business:

1917 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

Current Mailing Address:

159 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 26-0581004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, M. MERRELL
159 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32751 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: DPST () Delete
Name: DIXON, KIMBERLY S
Address: 2030 ALAQUA LAKES BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: DVP () Delete
Name: DIXON, DARYL A
Address: 2030 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: MURRAY, MARTHA
Address: 2030 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: DIXON, KIMBERLY S
Address: 1917 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: DVP (X) Change () Addition
Name: DIXON, DARYL A
Address: 1917 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: MURRAY, MARTHA
Address: 1917 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: DARYL DIXON

DVP

01/23/2009

Electronic Signature of Signing Officer or Director

Date