

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90037 047 \*\*\*150.00

<b>DOCUMENT # P00000019138</b>					
<b>1. Entity Name</b> ORION COMMERCE GROUP, INC.					
<b>Principal Place of Business</b> 2108 JELANE DRIVE VALRICO, FL 33594			<b>Mailing Address</b> 2108 JELANE DRIVE VALRICO, FL 33594		
<b>2. Principal Place of Business - No P.O. Box #</b> 1093 E. Brandon Blvd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1093 E. Brandon Blvd Suite, Apt. #, etc.			
<b>City &amp; State</b> Brandon, FL		<b>City &amp; State</b> Brandon, FL		<b>4. FEI Number</b> 59-3626261	
<b>Zip</b> 33511		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MEYERS, MELVIN M 2108 JELANE DRIVE VALRICO, FL 33594			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1093 E. Brandon Blvd City <b>Brandon</b> <b>FL</b> <b>Zip Code</b> 33511		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE <u><i>Melvin M. Meyers</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE <u>1/4/08</u></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	MEYERS, MELVIN	<input type="checkbox"/> Delete		
STREET ADDRESS		2108 JELANE DRIVE			
CITY - ST - ZIP		VALRICO, FL 33594			
TITLE	D	MARTENS, ALEX G	<input type="checkbox"/> Delete		
STREET ADDRESS		2108 JELANE DRIVE			
CITY - ST - ZIP		VALRICO, FL 33594			
TITLE	ST	MEYERS, VERONICA	<input type="checkbox"/> Delete		
STREET ADDRESS		2108 JELANE DR.			
CITY - ST - ZIP		VALRICO, FL 33594			
TITLE			<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE		1093 E. Brandon Blvd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		Brandon, FL 33511			
CITY - ST - ZIP		Brandon, FL 33511			
TITLE		1093 E. Brandon Blvd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		Brandon, FL 33511			
CITY - ST - ZIP		Brandon, FL 33511			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u><i>Melvin M. Meyers</i></u>			DATE <u>1/4/08</u> DAYTIME PHONE # <u>813-643-6180</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					