


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90095 024 ***150.00

DOCUMENT # P00000038408	
1. Entity Name LIBERTY SUPPLY OF ORLANDO, INC.	

Principal Place of Business 2901 TITAN ROW SUITE 130 ORLANDO FL 32809	Mailing Address 2901 TITAN ROW SUITE 130 ORLANDO FL 32809
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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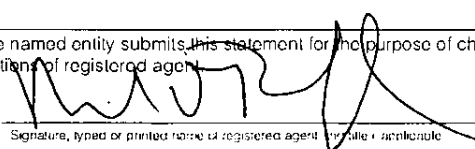
1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-3643492	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REIFSNYDER, MARK 2901 TITAN ROW SUITE 130 ORLANDO FL 32809

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 obligation of registered agent.	
SIGNATURE 	DATE 1-25-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD RAPCHICK, ROBERT 198 UPLAND WAY HADDONFIELD NJ 08033 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TSD REIFSNYDER, MARK 450 LOUCROFT ROAD HADDONFIELD NJ 08033 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D RAPCHICK, KENNETH 3180 CROSS KEYS ROAD GLASSBORO NJ 08028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D RAPCHICK, CHARLES 1 WEST EAGLE LANE CHERRY HILL NJ 08003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Delete BURKE, MARTIN 7177 CR 1135 LEONARD TX 75452
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	633 CYPRESS KEY DR ATLANTIS FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 863 UNION RD MULICA HILL NJ 08062
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: 	DATE 1/25/07	DAYTIME PHONE # 215-739-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		