

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043018

Entity Name: ORION, LABS INC.

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

1850 NW 69 AVE
SUITE 1-3
PLANTATION, FL 33321

New Principal Place of Business:

Current Mailing Address:

1850 NW 69 AVE
SUITE 1-3
PLANTATION, FL 33321

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUETTLER, ANN
1850 NW 69 AVE
SUITE 1-3
PLANTATION, FL 33321 US

Name and Address of New Registered Agent:

RINEHART, ELIZABETH
1850 NW 69 AVE
SUITE 1-3
PLANTATION, FL 33321 US

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: ELIZABETH RINEHART

03/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHUETTLER, ANN
Address: 1850 NW 69 AVE SUITE 1-3
City-St-Zip: PLANTATION, FL 33321

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: RINEHART, ELIZABETH
Address: 6930 W. WEDGEWOOD AVENUE
City-St-Zip: DAVIE, FL 33331

Title: VP () Change (X) Addition
Name: TURMERO, LUIS G
Address: 600 N.W. 36 STREET #219
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH RINEHART

PTSD

03/08/2005

Electronic Signature of Signing Officer or Director

Date