2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR SKINTED NAME

Apr 10, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P00000099290 04-10-2006 90296 006 ***150.00 1. Entity Name ORION HOLDINGS INVESTMENT, CORP. Principal Place of Business Mailing Address 731 SHOTGUN ROAD 731 SHOTGUN ROAD SUNRISE, FL 33326 SUNRISE, FL 33326 2. Principal Place of Business 3. Mailing Address 783 SHOTGUN ROAD <u> 183 SHOTGUN ROAD</u> Suite, Apt. #, etc CR2E034 (11/05) 01162006 Chg-P City & State City & State 4. FEI Number Applied For SUMRISE 65-1051502 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired (15A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, O.J. Street Address (P.O. Box Number is Not Acceptable) 731 SHOTGUN ROAD SUNRISE, FL 33326 City Zip Code FL 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE □ Delete TITLE ☐ Addition Rey Doto, Jaime SOTO, JAIME REY NAME NAME 183 SHOTGUN ROAD 731 SHOTGUN ROAD STREET ADDRESS STREET ADDRESS SUNRISE, FL 33326 CITY-ST-ZIP CITY-ST-ZIP DUNRIDE. FL 333216 VSD **V**50 TITLE ☐ Delete Change ☐ Addition DE REY, MARÍA EUSENIA DE ORTIZ REY, MARIA E NAME NAME STREET ADDRESS 731 SHOTGUN ROAD STREET ADDRESS 783 SHOTGUN ROAD CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 this lee 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.

FILED