
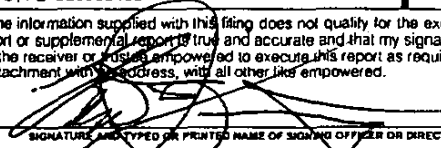


FILED
Aug 17, 2007 8:00 am
Secretary of State

07-16-2007 90129 024 ***550.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000002308					
1. Entity Name ORRA SGS, INC.					
Principal Place of Business 1330 WEST LEE ROAD ORLANDO, FL 32810			Mailing Address 1330 WEST LEE ROAD ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0667954	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE 2300 SUN BANK CENTER ORLANDO, FL			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 obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENNINGS, BELTON E III		NAME		
STREET ADDRESS	P.O. BOX 609400		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328609400		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANTER, PAT		NAME		
STREET ADDRESS	6211 N.W. 132ND STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEGEL, SARA		NAME		
STREET ADDRESS	201 N. NEW YORK AVENUE - SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRYER, RICHARD		NAME		
STREET ADDRESS	5029 EDGEWATER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROKEH, GREGORY D		NAME		
STREET ADDRESS	317 WEKIVA SPRINGS ROAD		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSE, GEORGIA		NAME	AS SUSAN WIMSATT	
STREET ADDRESS	PO BOX 609400		STREET ADDRESS	P.O. BOX 609400	
CITY-ST-ZIP	ORLANDO, FL 328609400		CITY-ST-ZIP	ORLANDO, FL 32860-9400	
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 my address, with all other like empowered.					
SIGNATURE: 			Date: 8/13/07 Daytime Phone: 407-513-7266		

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07112007 Chg-P CR2E034 (12/06)

4. FEI Number **01-0667954** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENNINGS, BELTON E III	
STREET ADDRESS	P.O. BOX 609400	
CITY-ST-ZIP	ORLANDO, FL 328609400	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANTER, PAT	
STREET ADDRESS	6211 N.W. 132ND STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SIEGEL, SARA	
STREET ADDRESS	201 N. NEW YORK AVENUE - SUITE 100	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRYER, RICHARD	
STREET ADDRESS	5029 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROKEH, GREGORY D	
STREET ADDRESS	317 WEKIVA SPRINGS ROAD	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ROSE, GEORGIA	
STREET ADDRESS	PO BOX 609400	
CITY-ST-ZIP	ORLANDO, FL 328609400	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS SUSAN WIMSATT	
STREET ADDRESS	P.O. BOX 609400	
CITY-ST-ZIP	ORLANDO, FL 32860-9400	

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SIGNATURE:  Date: **8/13/07** Daytime Phone: **407-513-7266**