2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002308

Entity Name: ORRA SGS, INC.

FILED May 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1330 WEST LEE ROAD ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

1330 WEST LEE ROAD PO BOX 609400 ORLANDO, FL 32810 ORLANDO, FL 32860

FEI Number: 01-0667954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A.G.C. CO 200 SOUTH ORANGE AVENUE 2300 SUN BANK CENTER ORLANDO, FL 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition JENNINGS, BELTON E III STANLY, JACQUELYN Name: Name:

P.O. BOX 609400 P.O. BOX 609400 Address: Address: City-St-Zip: ORLANDO, FL 328609400 City-St-Zip: ORLANDO, FL 328609400

Title: Title: () Delete () Change () Addition

Name: BAINTER, PAT Name: 6211 N.W. 132ND STREET Address: Address: GAINESVILLE, FL 32653 City-St-Zip: City-St-Zip:

Title: Title: CD () Delete D (X) Change () Addition SIEGEL, SARA SIEGEL, SARA Name: Name:

201 N. NEW YORK AVENUE - SUITE 100 201 N. NEW YORK AVENUE - SUITE 100 Address: Address:

City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

Title: () Delete Title: (X) Change () Addition

FRYER, RICHARD FRYER, RICHARD Name: Name: Address: 5029 EDGEWATER DRIVE Address: 5029 EDGEWATER DRIVE City-St-Zip:

ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810

Title: Title: CD (X) Change () Addition () Delete ROKEH, GREGORY D ROKEH, GREGORY D Name: Name: 317 WEKIVA SPRINGS ROAD Address: 317 WEKIVA SPRINGS ROAD Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: (X) Change () Addition WIMSATT, SUSAN SIMMONDS, LESLIE PRES Name: Name:

PO BOX 609400 Address: Address: 860 E. STATE RD. 434 City-St-Zip: ORLANDO, FL 328609400 City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HECTOR SANCHEZ **CFO** 05/14/2009