2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 08:00 A Secretary of State DOCUMENT # P01000066264 1. Entity Name ORBITAL CORPORATION OF TAMPA Principal Place of Business Mailing Address 40421 CHANCEY RD 40421 CHANCEY RD ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33542 03012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3730742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THAKRAR, JOSH DO NOT WRITE 18150 SANDY POINTE DRIVE IN THIS SPACE TAMPA, FL 33647 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 aignature required when reinstating) U00000656457 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 |03/14/07-80026-008 |150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME THAKRAR, JOSH STREET ADDRESS 40421 CHANCEY RD CITY-ST-ZIP ZEPHYRHILLS, FL 33542 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D3-01-07

813-782-7300

Date