

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 15, 2005
Secretary of State**

DOCUMENT# P02000040830

Entity Name: ORECK VACUUMS OF ORLANDO, INC.

Current Principal Place of Business:

515 E ALTAMONTE DR STE 1004
1004
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

515 E ALTAMONTE DR STE 1004
1004
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 04-3646044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTIO, STEWART
515 E ALTAMONTE DR STE 1004
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MASTIO, STEWART
Address: 515 E ALTAMONTE DR STE 1004
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MASTIO, CARL
Address: 515 E ALTAMONTE DR 1004
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: STEWART MASTIO

D

02/15/2005

Electronic Signature of Signing Officer or Director

_____ Date