

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040830

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**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:**

SMK ACCOUNTING SERVICES  
274 WILSHIRE BLVD  
232  
CASSELBERRY, FL 32707 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: STEVEN M. KLEINBERGER      04/18/2007  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEWERT MASTIO      P      04/18/2007  
Electronic Signature of Signing Officer or Director      Date