


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90151 001 \*\*\*\*\*8.75  
04-17-2008 90151 002 \*\*\*150.00


<b>DOCUMENT # P02000048483</b>	
1. Entity Name <b>O.R. REMODELING &amp; PAINTING, INC.</b>	

Principal Place of Business <b>849 B. SKYLAKE CIR. ORLANDO, FL 32809</b>	Mailing Address <b>849 B. SKYLAKE CIR. ORLANDO, FL 32809</b>
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2. Principal Place of Business - No P.O. Box # <b>2315 TREEFERN Ct</b>	3. Mailing Address <b>2315 TREEFERN Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO - FL</b>	City & State <b>ORLANDO - FL</b>
Zip <b>32837</b>	Country
Country	Zip <b>32837</b>
Country	Country

**00000331**



04142008 Chg-P CR2E034 (12/06)

4. FEI Number <b>03-0447295</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, OMAR 849 B SKY LAKE CIRCLE ORLANDO, FL 32809</b>		
7. Name and Address of New Registered Agent Name <b>RODRIGUEZ, OMAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2315 TREEFERN Ct</b> City <b>ORLANDO</b> FL Zip Code <b>32837</b>		

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 reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, OMAR 849 B SKY LAKE CIRCLE ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, OMAR 2315 TREEFERN Ct ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, DIANA P 849 B SKYLAKE CIRCLE ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, DIANA P 2315 TREEFERN Ct ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **04-15-08** **321-662 4190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #