2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# P02000077469

Entity Name: ORLANDO NETWORK SPECIALISTS, INC.

Current Principal Place of Business:

405 DOUGLAS AVE
SUITE 1605
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

513 DEW DROP COVE
CASSELBERRY, FL 32707

Current Mailing Address:

405 DOUGLAS AVE
SUITE 1605
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

513 DEW DROP COVE
CASSELBERRY, FL 32707

FEI Number: 16-1622872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVISON, BILLY W
405 DOUGLAS AVE
SUITE 1605
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

STEVISON, BILLY W
513 DEW DROP COVE
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: 02/22/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEVISON, BILLY W
Address: 405 DOUGLAS AVE SUITE 1605
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete
Name: STEVISON, THERESA J
Address: 405 DOUGLAS AVE SUITE 1605
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V (X) Delete
Name: MILLER, DAVID M
Address: 405 DOUGLAS AVE SUITE 1605
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STEVISON, BILLY W
Address: 513 DEW DROP COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: V (X) Change ( ) Addition
Name: STEVISON, THERESA J
Address: 513 DEW DROP COVE
City-St-Zip: CASSELBERRY, FL 32707

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

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: BILLY W STEVISON P 02/22/2008
Electronic Signature of Signing Officer or Director — Date