2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 08:00 AM **DOCUMENT # P02000114239**1. Entity Name **Secretary of State** NANETTE ORIJINELS, INC. Principal Place of Business Mailing Address 11120 MIRAGE AVENUE 11120 MIRAGE AVENUE BROOKSVILLE, FL 34614 BROOKSVILLE, FL 34614 CR2E034 (11/05) 04142006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2070139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERMANN, GEORGE M DO NOT WRITE 5327 COMMERCIAL WAY **FLOOR 109** IN THIS SPACE SPRING HILL, FL 34606 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DILE HANTHORN, NANETTE NAME STREET ADDRESS 11120 MIRAGE AVENUE UDD000540148 CITY-SY-ZIP BROOKSVILLE, FL 34614 05/10/06-80006-013 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath; 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 attact then with an address, with all other like empowered.

SIGNATURE:

CITY-SI-ZIP

TITLE

NAME

STREET ADDRESS

CITY-SI-ZIP

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