2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001016

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TREASURE ISLAND, FL 33706 US

Title:

Name:

Address:

City-St-Zip:

DP

LAYNE, JOHN G

479 HAVEN POINT DRIVE

FILED Apr 19, 2008 Secretary of State

Entity Name: ORTHO-FIT PARTNERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 479 HAVEN POINT DR TREASURE ISLAND, FL 33706 **Current Mailing Address: New Mailing Address:** 479 HAVEN POINT DR TREASURE ISLAND, FL 33706 FEI Number: 27-0040530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAYNE, JOAN A 479 HAVEN POINT DR TREASURE ISLAND, FL 33706 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition LAYNE, JOAN A Name: Name: LAYNE, JOAN A 479 HAVEN POINT DR 479 HAVEN POINT DR Address: Address: City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706 Title: DP Title: () Delete () Change () Addition Name: LAYNE, JOHN G Name: 479 HAVEN POINT DR Address: Address: TREASURE ISLAND, FL 33706 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOAN LAYNE **PRES** 04/19/2008

() Change () Addition