


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

| | | |
|--|------------------|---|
| DOCUMENT # P03000040968 | |  |
| 1. Entity Name ORINTHIA CORP | | |
| Principal Place of Business 199 AFTON SQ 107 ALTAMONTE SPRINGS, FL 32714 US | | Mailing Address 549 SEAN COURT APOPKA, FL 32712 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SWABY, NICOLA O 549 SEAN COURT APOPKA, FL 32712 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | 1100000346159 04/30/05-80066-001 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | P | |
| NAME | SWABY, NICOLA O | |
| STREET ADDRESS | 549 SEAN COURT | |
| CITY-ST-ZIP | APOPKA, FL 32712 | |
| TITLE | VST | |
| NAME | SWABY, NICOLA O | |
| STREET ADDRESS | 549 SEAN CT. | |
| CITY-ST-ZIP | APOPKA, FL 32712 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>7/20/05</u> | | 4/18/05 3836145 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |