

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P03000040968**

**1. Entity Name  
ORINTHIA CORP**



**Principal Place of Business  
POB 554  
APOPKA, FL 32704 US**

**Mailing Address  
POB 554  
APOPKA, FL 32704 US**

**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-P CR2E034 (11/05)

**4. FEI Number  
45-0510890**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BARRETT, MAVIS  
8027 BCH DALE DR  
ORLANDO, FL 32818**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

000000753811  
05/22/07-00036-009 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PT
<b>NAME</b>	SWABY, NICOLA O
<b>STREET ADDRESS</b>	POB 554
<b>CITY-ST-ZIP</b>	APOPKA, FL 327040554
<b>TITLE</b>	VST
<b>NAME</b>	SWABY, NICOLA O
<b>STREET ADDRESS</b>	POB 554
<b>CITY-ST-ZIP</b>	APOPKA, FL 327040554
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 lists empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07 487 388 6145