


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 027 ***150.00

DOCUMENT # P03000107048		
1. Entity Name ORLANDO SLINGSHOT, INC.		

40072240



03292007 Chg-P CR2E034 (12/06)

Principal Place of Business 4907 CARDER ROAD UNIT 4 ORLANDO, FL 32810	Mailing Address 4907 CARDER ROAD UNIT 4 ORLANDO, FL 32810
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2. Principal Place of Business - No P.O. Box # 7001 International Dr	3. Mailing Address 7001 International Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL	4. FEI Number 90-0110052	Applied For Not Applicable
Zip 32819	Country U.S.	Zip 32819	Country U.S.

6. Name and Address of Current Registered Agent MIRFIN, BRIAN 4907 CARDER RD UNIT 4 ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name MIRFIN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 7001 International Dr City Orlando FL Zip Code 32819	
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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: 4/10/07

FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MIRFIN, BRIAN 4907 CARDER ROAD UNIT 4 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7001 International Dr Orlando FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUTH JADIE 2538 Homlets Lane Kissimmee FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:  DATE: 4/10/2007