

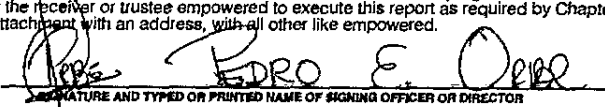


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000115675						
1. Entity Name ORBE CONSTRUCTION, INC.						
Principal Place of Business 3618 DOVETAIL LANE S LAKELAND, FL 33813	Mailing Address 3618 DOVETAIL LANE S LAKELAND, FL 33813	 03152005 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number 57-1190181</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 57-1190181	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 57-1190181	Applied For Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
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	UN00000268982 03/18/05-80063-020 158.75				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORBE, PEDRO EBEL 3618 DOVETAIL LANE S LAKELAND, FL 33813					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-14-05 (863)398-5099 <small>Date Daytime Phone #</small>				