2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137017

Entity Name: ORION WORLD ENTERPRISE, INC.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16440 S POST RD STE 303 16660 S POST RD STE 101 WESTON, FL 33331 WESTON, FL 33331

Current Mailing Address: New Mailing Address:

16440 S POST RD STE 303 16660 S POST RD STE 101 WESTON, FL 33331 WESTON, FL 33331

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DA COSTA, ALBINO
16440 S POST RD STE 303
WESTON, FL 33331
DA COSTA, ALBINO
16660 S POST RD STE 101
WESTON, FL 33331

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: DA COSTA ALBINO 04/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 OLIVIERI, EDDA B

 Address:
 16440 S POST RD STE 303

Address: 16440 S POST RD STE 30 City-St-Zip: WESTON, FL 33331

 Title:
 D
 () Delete

 Name:
 DA COSTA, ALBINO

 Address:
 16440 S POST RD STE 303

 City-St-Zip:
 WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

 Name:
 OLIVIERI, EDDA B

 Address:
 16660 S POST RD STE 101

 City-St-Zip:
 WESTON, FL 33331

Title: D (X) Change () Addition

 Name:
 DA COSTA, ALBINO

 Address:
 16660 S POST RD STE 101

 City-St-Zip:
 WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DA COSTA ALBINO D 04/26/2004