

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157359

**FILED**  
**Mar 08, 2007**  
**Secretary of State**

**Entity Name:** ORION REAL ESTATE INVESTMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

5213 HAMMOCK CIRCLE  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

949 ROCK CREEK STREET  
APOPKA, FL 32712

**Current Mailing Address:**

5213 HAMMOCK CIRCLE  
ST. CLOUD, FL 34771

**New Mailing Address:**

949 ROCK CREEK STREET  
APOPKA, FL 32712

FEI Number: 33-1082765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOWNSEND, FRANK M RANK  
520 EMMETT STREET  
KISSIMMEE, FL 34741 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PALLA, SUZANNE P  
Address: 5213 HAMMOCK CIRCLE  
City-St-Zip: ST. CLOUD, FL 34771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MRS (X) Change ( ) Addition  
Name: PALLA, SUZANNE P  
Address: 949 ROCK CREEK STREET  
City-St-Zip: APOPKA, FL 32172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SUZANNE P. PALLA

MRS.

03/08/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date