2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000016117

1. Entity Name

ORCHID ISLAND INVESTMENT, INC.



FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90086 045 ***150.00

Principal Place of Business

1105 U.S. HIGHWAY 1 SUITE 1 SEBASTIAN, FL 32958

Mailing Address

1105 U.S. HIGHWAY 1 SUITE 1 SEBASTIAN, FL 32958



DO NOT WRITE IN THIS SPACE

 02142007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-0591732
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DI&MOND, DAVID M 1105 U.S. HIGHWAY 1 SUITE 1 SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE

		ı		THIS OF AGE
8. The above the obligat	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title i			th, in the State of Florida. I am familiar with, and accept
.	arginature, typed or printed name of registered agent and the	Tappicable. (NOTE: Registered	1 Agent signature required when reinstating)	DATE
		Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMOND, DAVID M. 1105 U.S. HIGHWAY 1 SUITE 1 SEBASTIAN, FL 32958		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET AODRESS 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 ADORESS				
CITY-ST-ZIP	,	1		
12. Thereby o	ertify that the information supplied with this file	ing does not qualify for the exe	motions contained in Chapter 119	Florida Statutes I further certify that the information

2. I hereby certify that the information supplied with this filing does not quality 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 extrustee 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

(772)581-5799

Daytime Phone #