2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005
Secretary of State

DOCUMENT# P04000034743

Entity Name: ORSAN, INC.

Current Principal Place of Business:

2163 MAN OF WAR
WEST PALM BEACH, FL 33411

New Principal Place of Business:

5540 PGA BLVD
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

2163 MAN OF WAR
WEST PALM BEACH, FL 33411

New Mailing Address:

5540 PGA BLVD.
PALM BEACH GARDENS, FL 33418

FEI Number: 20-0767803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OROSZ, THOMAS J
Address: 2163 MAN OF WAR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: SANTISE, CAROLINE R
Address: 2163 MAN OF WAR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: SANTISE, MATTHEW P
Address: 2163 MAN OF WAR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: OROSZ, WENDY L
Address: 2163 MAN OF WAR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: SANTISE, CATHERINE R
Address: 2163 MAN OF WAR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OROSZ, THOMAS J
Address: 2207 SW PLYMOUTH ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: OROSZ, WENDY L
Address: 5540 PGA BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS OROSZ MR 08/17/2005

Electronic Signature of Signing Officer or Director Date