2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034743

Entity Name: ORSAN, INC.

FILED Jul 07, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5540 PGA BLVD PALM BEACH GARDENS, FL 33418				5540 PGA BLVD SUITE 100 PALM BEACH GARDENS, FL 33418		
Current Mailing Address:				New Mailing Address:		
5540 PGA BLVD. PALM BEACH GARDENS, FL 33418				5540 PGA BLVD. SUITE 100 PALM BEACH GARDENS, FL 33418		
FEI Number: 2	20-0767803	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Reg						f New Registered Agent:
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US						
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () C OROSZ, THOMAS 2207 SW PLYMO PORT SAINT LUC	OUTH ST		Title: Name: Address: City-St-Zip:	OROSZ, THO 2207 SW PL	
Title: Name: Address: City-St-Zip:	D () E SANTISE, CAROL 2163 MAN OF WA WEST PALM BEA	AR		Title: Name: Address: City-St-Zip:	SANTISE, CA 2163 MAN O	
Title: Name: Address: City-St-Zip:	D () E SANTISE, MATTH 2163 MAN OF WA WEST PALM BEA	AR		Title: Name: Address: City-St-Zip:	SANTISE, MA 2163 MAN O	
Title: Name: Address: City-St-Zip:	D () C OROSZ, WENDY 5540 PGA BLVD PORT SAINT LUC			Title: Name: Address: City-St-Zip:	OROSZ, WE 2207 SW PL	(X) Change()Addition NDY L YMOUTH STREET LUCIE, FL 34953
Title: Name: Address: City-St-Zip:	D () E SANTISE, CATHE 2163 MAN OF WA WEST PALM BEA	AR		Title: Name: Address: City-St-Zip:		() Change () Addition

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: MATTHEW SANTISE VP 07/07/2006