

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007594

Entity Name: ORION STAFFING, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

3340 DELRAY BAY STE 413
DELRAY BCH, FL 334838607

New Principal Place of Business:

Current Mailing Address:

3340 DELRAY BAY STE 413
DELRAY BCH, FL 334838607

New Mailing Address:

FEI Number: 86-1127913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, DARLENE
8861 SOUTHERN ORCHARD RD S
DAVIE, FL 33328 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: P () Delete
Name: LAPON, MICHAEL
Address: 3340 DELRAY BAY STE 413
City-St-Zip: DELRAY BCH, FL 334838607

Title: D () Delete
Name: LAPOINTE, PAUL
Address: 2105 LAVERS CIRCLE #402
City-St-Zip: DELRAY BCH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MICHAEL LAPON

P

04/28/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date