2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2009
Secretary of State

DOCUMENT# P05000143739

Entity Name: O.R.E., INC.

Current Principal Place of Business:

2180 AARON DR.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

2180 AARON DR.
GREEN COVE SPRINGS, FL 32967

Current Mailing Address:

2180 AARON DR.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

5380 HARBOR ISLAND COURT
VERO BEACH, FL 32967

FEI Number: 20-3952504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILGRAM, SCOTT
2180 AARON DR.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

MILGRAM, SCOTT
5380 HARBOR ISLAND COURT
VERO BEACH, FL 32967 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: SCOTT MILGRAM 07/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILGRAM, SCOTT
Address: 2180 AARON DR.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD ( ) Delete
Name: GALLEY, THEODORE J
Address: 2180 AARON DR.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ST ( ) Delete
Name: MILGRAM, JUDY
Address: 100 S. BIRCH RD. #2702
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MILGRAM, SCOTT
Address: 2180 AARON DR.
City-St-Zip: GREEN COVE SPRINGS, FL 32967

Title: VD (X) Change ( ) Addition
Name: GALLEY, THEODORE J
Address: 2180 AARON DR.
City-St-Zip: GREEN COVE SPRINGS, FL 32967

Title: ST (X) Change ( ) Addition
Name: MILGRAM, JUDY
Address: 5380 HARBOR ISLAND ROAD
City-St-Zip: VERO BEACH, FL 32967

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT MILGRAM PD 07/25/2009
Electronic Signature of Signing Officer or Director Date