2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000158026

1. Entity Name ORDER.INVITATIONS.COM, INC.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5360 NW 41 WAY

STREET ADDRESS CITY-ST-ZIP

COCONUT CREEK, FL 33073

5360 NW 41 WAY COCONUT CREEK, FL 33073



	IBIBI BIIIL BBIII BBIII	# # # # # # # # # # # # # # # # # # #	
04052007	No Chg-P	CR2E034 (11/05)	

4. FEI Number	Applied For		
20-3885582		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRAUNSTEIN, EVELINE 5360 NW 41 WAY COCONUT CREEK, FL 33073

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	, 5,,, , _ 555, 5	•	IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE Registered	d Agent signature	required when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		J.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAUNSTEIN, EVELINE 5360 NW 41 WAY COCONUT CREEK, FL 33073				V00000704915
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S HOIRES, CAROLINA 5360 NW 41 WAY COCONUT CREEK, FL 33073				04/23/07-80030-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					,

12. I hereby certify that the information supplied with this filling does not qualify 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 or trustee 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION

Date

Daytime Phone ≢