## 2007 FOR PROFIT CORPORATION

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	MENT # P06000057					
1. Entity Name     ORANGEU GLAD, INC.					FILED	
OTATION OF THE					07 1111 - 0	
			1 000 EN TO		07 JUL -6 A 2:29	
	ce of Business	Mailing Address			•	
3665C SOUTHWEST QUAIL MEADOW TRAIL  PALM CITY, FL 33490  3665C SOUTHWEST QUAI PALM CITY, FL 33490			L MEADOW TRAIL		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FALMICITY, FL 33490 FALMICITY, FL 33490					TACCAHASSEC, I CURIDA	
	Disease ( Description - No. D.O. Descrip					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			1/4		ISM OOM COM COM ON ON ONE SHAD ON ON ISMED A	
		Suite, Apt. #, etc.	, · · /		である。 P CR2E034 (12/06)	
City & State				<u> </u>		
City & Star	te	City & State	NJ	4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip -1./6.1	Country	5. Certificate of Status I	\$9.75 Auditional	
		0/401			Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
	& UTRERA, P.A.		WAZH, KAJAKIN L			
1840 SW :			Street Add	ess (P.O. Box Number is Not A	cceptable) EADOW TRAK	
4TH FLOOR   MIAMI, FL 33145				PAY AN CITY		
	, )		City	711416 611	FL Zip Code 3199	
8. The above	e named entity submits this statement to	r the purpose of changing its re	gistered office or re	histered agent, or both, in the S		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE TO SUIPE VILLE VILLE OF						
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be						
After M	lay 1, 2007 Fee will be \$550.0	. •	·	Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS IN 11	
TITLE	OPST	☐ Delete	CTIFLE-	DONALD O	Aco to Change Addition	
NAME STREET ADDRESS	ORIOLO, DONALD  3665C SOUTHWEST QUAIL ME	ADOM TO All	NAME STREET ADDRESS	123 Poure	23-Sour. MesiOCN	
CITY-ST-ZIP	PALM CITY, FL 33490	ADOW TRAIL	CITY+ST-ZIP	HAMBURG	1/7.03/61	
TITLE		☐ Delete	[time]	11 2/1/	ORIOLO. Change Addition	
NAME			NAME	MICHAEL	The he	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	105 200	255041.	
TITLE		☐ Delete	TITLE	1774W-DEV	CG VT 07/6/	
NAME		La Defete	NAME		☐ Change ☐ Addition ☐	
STREET ADDRESS			STREET ADDRESS			
TITLE		☐ Delete	CITY-\$T-ZIP		Channe C Addition	
NAME		L_1 Delete	NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS	t .		
CITY-ST-ZIP	1		CITY-ST-ZIP	(		
TITLE	$  \bigcirc \bigcirc   1_{n}  $	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	177 114 1	U V	NAME STREET ADDRESS		1	
CITY-ST-ZIP			CITY-ST-ZIP		}	
12. I hereby certify that the information supplies with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplies with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						
12. I hereby certify that the information supplies with this filing 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 frue 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 frustee empty ered 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.						
hill 1						
SIGNATURE: SUMMATION AND TYPESTON DESIGNATION OF STORMING DESIGNATION OF STORM						