


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000057688		
1. Entity Name ORANGEU GLAD, INC.		

FILED

07 JUL -6 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




10-9-0601003 006 \$150.00
04262007 Chg-P CR2E034 (12/06)

Principal Place of Business 3665C SOUTHWEST QUAIL MEADOW TRAIL PALM CITY, FL 33490	Mailing Address 3665C SOUTHWEST QUAIL MEADOW TRAIL PALM CITY, FL 33490
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 114	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SUSSEX NJ	
Zip	Country	Zip 07461	Country

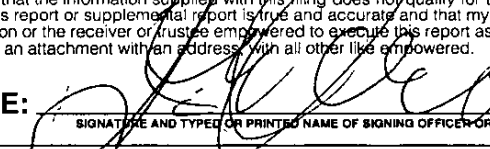
4. FEI Number PENDING	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name WALSH, KATHRYN L Street Address (P.O. Box Number is Not Acceptable) 3665 QUAIL MEADOW TRAIL PALM CITY City FL Zip Code 33490	
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 6/22/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ORIOLO, DONALD 3665C SOUTHWEST QUAIL MEADOW TRAIL PALM CITY, FL 33490 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD ORIOLO JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 123 ROUTE 23 SOUTH HAMBURG NJ 07461 MICHAEL ORIOLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 123 ROUTE 23 SOUTH HAMBURG NJ 07461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied 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 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 DIRECTOR	DATE 6/22/07 Daytime Phone #