

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000080364

Entity Name: ORION SCIENTIFIC, INC.

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11963 COLBY CREEK DRIVE  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

11963 COLBY CREEK DRIVE  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 20-5059757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSO, THOMAS J  
11963 COLBY CREEK DRIVE  
JACKSONVILLE, FL 32258 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,T  
Name: RUSSO, THOMAS J  
Address: 11963 COLBY CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP,S  
Name: RUSSO, SALLY  
Address: 11963 COLBY CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: DR. THOMAS RUSSO

CEO

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date