
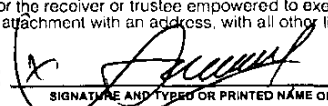


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90043 014 \*\*\*150.00

<b>DOCUMENT # P06000096228</b> 1. Entity Name <b>VAN OORDT ENTERPRISES CORP.</b>			
Principal Place of Business <b>3620 REBEL RUN SUITE 1202 ORLANDO, FL 32822 US</b>		Mailing Address <b>3620 REBEL RUN SUITE 1202 ORLANDO, FL 32822 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5996 Bent Pine Dr</b> Suite, Apt. #, etc. <b>Apt 3107</b> City & State <b>Orlando, FL</b> Zip <b>32822</b>		3. Mailing Address <b>5996 Bent Pine Dr</b> Suite, Apt. #, etc. <b>Apt 3107</b> City & State <b>Orlando, FL</b> Zip <b>32822</b>	
4. FEI Number <b>20-5614300</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VANOORDT, ROSEMARY G MRS. 6981 ALOMA AVE. APT. 147 ORLANDO, FL 32792</b>		7. Name and Address of New Registered Agent Name: <b>Rosemary Cruz</b> Street Address (P.O. Box Number is Not Acceptable) <b>5996 Bent Pine Dr Apt 3107</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32822</b>	
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 		DATE <b>1/9/08</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VANOORDT, ROSEMARY G MRS</b> <b>3620 REBEL RUN STE 1202</b> <b>ORLANDO, FL 32822</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Rosemary Cruz</b> <b>5996 Bent Pine Dr Apt 3107</b> <b>Orlando, FL 32822</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: 		DATE <b>1/9/08</b> DAYTIME PHONE # <b>407-376-3191</b>	