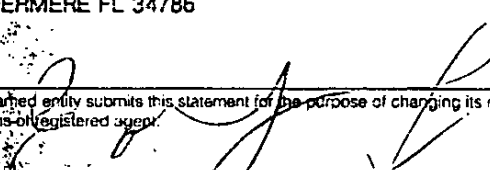
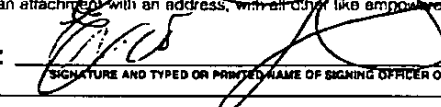


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AB)

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-22-2008 90017 031 ***150.00

DOCUMENT # P07000048101					
1. Entity Name ORLANDO BUILDERS, INC.					
Principal Place of Business 11318 SHANDON PKWY WINDERMERE FL 34786 US			Mailing Address 11318 SHANDON PKWY WINDERMERE FL 34786 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8878982	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARDANI, EVAMARIE 11318 SHANDON PKWY WINDERMERE FL 34786				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 2/13/08					
(NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	P. LARDANI, EVAMARIE	11318 SHANDON PKWY	WINDERMERE FL 34786	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	VP LARDANI, VICTOR	11318 SHANDON PKWY	WINDERMERE FL 34786	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 4-7-2008					
(NOTE: Signature and typed or printed name of signing officer or director required)					