2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065511

Entity Name: ORION OIL AND GAS CONSULTING CORP

RUA CAROLINA SANTOS 42 APT 301

RIO DE JANEIRO, RJ 20720-310 BR

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Nar	ne: ORION OIL AND GAS	CONSULTING CO	KY.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5950 LAKE 169	HURST DR				
	, FL 32819				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5950 LAKE 169	HURST DR				
	, FL 32819				
FEI Number:	26-0282287 FEI Number	Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FERREIRA, ERNANI 16122 DENHAM CT CLERMONT, FL 34711 US			6220 S. ORANGE BLC 603	RIVERA, SEVERINA C 6220 S. ORANGE BLOSSOM TRL 603 ORLANDO, FL 32809 US	
The above in the State	named entity submits this s of Florida.	tatement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: SEVERINA C. RIVERA				04/29/2008	
	Electronic Signature	of Registered Agen	t	Date	
Election Car	npaign Financing Trust Fund Co	ontribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete OLIVA, THELMA MARIA S RUA CAROLINA SANTOS 42 AI RIO DE JANEIRO, RJ 20720-3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete SILVA, ROBERTO O RUA CAROLINA SANTOS 42 AI RIO DE JANEIRO, RJ 20720-3		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	DS () Delete OLIVA, CLAUDIA R		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERTO SILVA DP 04/29/2008