2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # P07000092215 1. Entity Name ORBITESSERA, INC.					04-23-2008 90031 034 ***158.75			
Principal Place of Business Mailing Address								
396 dolphin street 396 dolphin street Melbourne Beach, Fl 32951 US Melbourne Beach, Fl 3295			1 US					
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Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01252008	Chg-P	CR2E034 (12/	06)	
City & State		City & State		4. FEI Number	26-07	32303	Applied For Not Applicable	
Zip	Country	Zip _	Coun	try	5. Certificate o	f Status Desired	\$8.75 Fee Red	Additional -
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
THE LAW OFFICES OF NICK SPRADLIN, PLLC				Name DR. URSULA E. OLAZABAL				
4001 WEST HENRY AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 306 TAMPA, FL 33614			396 DOLPHIN STREET					
• .				396 DOLPHIN STREET City MELBOURNE BEACH FL Zip Code 32951				
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 Clisula C. Clazabal URSULA E. OLAZABAL 20 April 2008								
SIGNATURE Signature, typed or printed name of registered agentand title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	Delete	11.	-	ADDITIONS/C	CHANGES TO OFFI	ICERS AND DIREC	
TITLE NAME	OLAZABAL, DR. URSULA E	- Bolde		I			☐ Cha	nge 🔲 Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			TITLE	-ST-ZIP			☐ Cha	nge 🔲 Addition
NAME			NAM				<u>∟</u> 042	ings Addition ,
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		1		
TITLE			TITLE			<u> </u>	☐ Cha	nge 🔲 Addition
NAME	ERNANDES, KENNETH J		NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE	VP	☐ Delete	TITLE				☐ Cha	nge 🔲 Addition
NAME			NAM.					
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS - ST - ZIP					
TITLE	SEC	☐ Delete	TITLE	Ē			☐ Cha	nge 🔲 Addition
NAME			NAM	E ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	396 DOLPHIN STREET MELBOURNE BEACH, FL 32951		CITY-S					
TITLE	TREA	☐ Delete	TITLI	Ε			☐ Cha	nge 🔲 Addition
NAME	OLAZABAL, DR. URSULA E		NAM	_				
STREET ADDRESS CITY-ST-ZIP	396 DOLPHIN STREET MELBOURNE BEACH, FL 32951			ET ADDRESS -ST-ZIP				
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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information is contained in Chapter 119. Florida Statutes.								

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.

GNATURE:

URSULA OLAZABAL 20 April 2008 321. 749. 0217