## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000007678

Entity Name: ORCOM LABS, INC.

389 GRANT AVE

SATELLITE BEACH, FL 32937

Address:

City-St-Zip:

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 131 TOMAHAWK DRIVE STE 13 INDIAN HARBOUR BEACH, FL 32937 US **New Mailing Address: Current Mailing Address:** 131 TOMAHAWK DRIVE **STE 13** INDIAN HARBOUR BEACH, FL 32937 US FEI Number: 59-3166097 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIME, ROBERT J 131 TOMAHAWK DRIVE SUITE 9B INDIAN HARBOUR BEACH, FL 32937 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VTD ( ) Delete Title: () Change () Addition KIME, ROBERT J Name: Name: 1104 MARY JOYE AVE Address: Address: City-St-Zip: INDIAN HARBOR BCH, FL 32937 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: MCGOWAN, KRISTA Name:

Address:

City-St-Zip:

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.

SIGNATURE: ROBERT J. KIME DIR 04/24/2009