

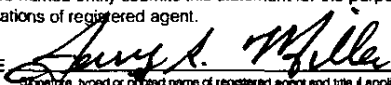
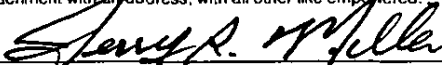


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90428 003 ***150.00

DOCUMENT # P95000008166					
1. Entity Name ORLANDO INFORMATION NETWORK, INC.					
Principal Place of Business 5148 CONROY ROAD SUITE 1233 ORLANDO, FL 32811			Mailing Address P.O. BOX 617322 ORLANDO, FL 32861		
2. Principal Place of Business 4028 Middlebrook Rd		3. Mailing Address same as above			
Suite, Apt. #, etc. Suite 1536		Suite, Apt. #, etc. 			
City & State Orlando FL		City & State 			
Zip 32811		Country US			
Zip 32811		Country US		04252006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3299834				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 MILLER, JERRY R 5148 CONROY ROAD SUITE 1233 ORLANDO, FL 32811			7. Name and Address of New Registered Agent Name Miller, Jerry R Street Address (P.O. Box Number is Not Acceptable) 4028 Middlebrook Rd Suite 1536 City Orlando FL Zip Code 32811		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JERRY R 5148 CONROY ROAD, SUITE 1233 ORLANDO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miller, Jerry R 4028 Middlebrook Rd Suite 1536
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Orlando, FL 32811 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 4/28/06		Daytime Phone # 407 649 9444	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					