2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000008166

1. Entity Name

ORLANDO INFORMATION NETWORK, INC.

Principal Place of Business	Mailing Address
4028 MIDDLEBROOK ROAD SUITE 1536 ORLANDO, FL 32811 US	P.O. BOX 617322 ORLANDO, FL 32861 US

DO NOT WRITE IN THIS SPACE

04272007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3299834	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JERRY R
4028 MIDDLEBROOK ROAD
SUITE 1536
ORLANDO, FL 32811

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000743402
05/15/07-80104-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	MILLER, JERRY R	
STREET ADDRESS	4028 MIDDLEBROOK ROAD SUITE 1536	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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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: _Jerry R. Miller_   4-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #