

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032017

Entity Name: OFFICE RELIEF SYSTEMS, INC.

FILED  
Jan 24, 2008  
Secretary of State

## Current Principal Place of Business:

200 CELEBRATION  
#209  
CELEBRATION, FL 32747 US

## New Principal Place of Business:

## Current Mailing Address:

300 SOUTH ORANGE AVENUE  
1200  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: 59-3308307      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSEN, BARBARA  
300 SOUTH ORANGE AVENUE  
1200  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: LARSEN, BARBARA  
Address: 275 BAYOU CIRCLE  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: WAGNER, RICHARD  
Address: 4190 SOUTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: BUFFALO, BRYAN  
Address: 1018 DUNHURST  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: LARSEN, DICK  
Address: 275 BAYOU CIRCLE  
City-St-Zip: DEBARY, FL 32713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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: BARBARA LARSEN

DIR.

01/24/2008

Electronic Signature of Signing Officer or Director

Date