


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P95000060625</b> 1. Entity Name ORNDA FMC, INC.	
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FILED

05 APR 28 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105	Mailing Address C/O SHERRIE SMITH 3820 STATE STREET SANTA BARBARA, CA 93105
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2. Principal Place of Business 13737 Noel Road	3. Mailing Address 13737 Noel Road
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Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
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City & State Dallas, TX	City & State Dallas, TX
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Zip 75240	Country USA	Zip 75240	Country USA
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01072005 Chg-P CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P STEIGMAN, DONALD S <input type="checkbox"/> Delete 500 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">800054207598</div> <div style="text-align: center; font-weight: bold; font-size: 0.9em;">05/10/05--01043--015 **150.00</div>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD LARSEN, CAITLIN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	
CITY - ST - ZIP	SANTA BARBARA, CA 93105	CITY - ST - ZIP	
TITLE	AS MACK, KRISTIN A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	
CITY - ST - ZIP	SANTA BARBARA, CA 93105	CITY - ST - ZIP	
TITLE	T DENT, DENNIS L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	
CITY - ST - ZIP	SANTA BARBARA, CA 93105	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 3/10/05 805-563-7000

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

APR 29 2005