


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000060625 1. Entity Name ORNDA FMC, INC.	
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FILED

07 APR -3 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240	Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 65-0638327	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	STEIGMAN, DONALD S
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	SD <input type="checkbox"/> Delete
NAME	LARSEN, CAITLIN M
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	AS <input type="checkbox"/> Delete
NAME	MACK, KRISTIN A
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	T <input type="checkbox"/> Delete
NAME	SHERMAN, JEFFREY S
STREET ADDRESS	13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP	DALLAS, TX 75240
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Aleman
STREET ADDRESS	500 W Cypress Creek Rd #700
CITY-ST-ZIP	Ft Lauderdale FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200096379822
04/11/07--01003--019 **150.00

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 of the corporation or it changed, or on an att

SIGNATURE: _____ *Kristina A. Mack*

Kristina A. Mack, Asst. Sec. 3/28/07 -
Phone 469-893-2701