

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000096039 1. Entity Name ORION GROUP INTERNATIONAL CORPORATION	
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Principal Place of Business 2124 NE 123RD ST STE 212 MIAMI, FL 33181	Mailing Address 2124 NE 123RD ST STE 212 MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



04082006 No Chg-P CR2ED34 (11/05)

4. FEI Number 65-0712468	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARDY, LILIAN 1000 QUAYSIDE TERR #502 MIAMI SHORES, FL 33138
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**DO NOT WRITE
IN THIS SPACE**

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 _____
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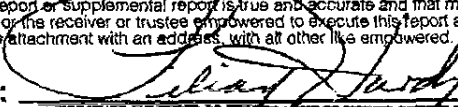
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, LILIAN L 1000 QUAYSIDE TERR #502 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDY, DUARD 1000 QUAYSIDE TERR #502 MIAMI, FL 33138
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05/03/06-80118-015 158.75

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IN THIS SPACE**

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 its 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/18/06 305-892-7888 Date Daytime Phone #
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