


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90360 023 \*\*\*150.00

<b>DOCUMENT # P97000046885</b>	
1. Entity Name <b>ORLANDO DISCOUNT SERVICES, INCORPORATED</b>	

Principal Place of Business <b>687 JAMESTOWN BLVD. SUITE 1005 ALTAMONTE SPRINGS, FL 32714-4633</b>	Mailing Address <b>687 JAMESTOWN BLVD. SUITE 1005 ALTAMONTE SPRINGS, FL 32714-4633</b>
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2. Principal Place of Business <b>937 VINE RIDGE RUN Suite, Apt. #, etc. 105 City &amp; State ALTAMONTE SPRINGS FL. Zip 32714-1761 Country SEMINOLE</b>	3. Mailing Address <b>937 VINE RIDGE RUN Suite, Apt. #, etc. 105 City &amp; State ALTAMONTE SPRINGS FL. Zip 32714-1761 Country SEMINOLE</b>
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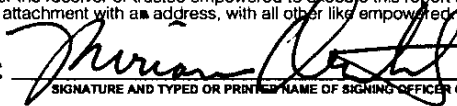
	
03312006 Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-3449419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>ORINKAWITZ, MIRIAM 687 JAMESTOWN BLVD #1005 ALTAMONTE SPRINGS, FL 32714</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>937 VINE RIDGE RUN #105</b> City <b>Altamonte Springs</b> FL Zip Code <b>32714-1761</b>	
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 _____ <small>Signature, typed, or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORINKAWITZ, MIRIAM 687 JAMESTOWN BLVD #1005 ALTAMONTE SPRINGS, FL 327144633 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>937 VINE RIDGE RUN #105 ALTAMONTE SPRINGS, FL 32714-1761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORINKAWITZ, MARK A 687 JAMESTOWN BLVD #1005 ALTAMONTE SPRINGS, FL 327144633 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>937 VINE RIDGE RUN #105 ALTAMONTE SPRINGS FL 32714-1761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <b>MIRIAM ORINKAWITZ</b> PSTD 04/19/06	Date _____ <small>Daytime Phone # 407-299-6886</small>