2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NATURE AND TYPED OR PRIN

May 07, 2007 8:00 am Secretary of State DOCUMENT # P97000046885 1. Entity Name 05-07-2007 90060 046 ***150.00 ORLANDO DISCOUNT SERVICES, INCORPORATED Principal Place of Business Mailing Address. 1 worg 9374 VINE RIDGE RUN 105 ALTAMONTE SPRINGS FL 32714(4633 9374 VINE RIDGE RUN 105 ALTAMONTE SPRINGS FL 32714 4633 of Business - No 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 59-3449419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired. \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Correct ORINKAWITZ, MIRIAM 937 VINERIDGE RUN 105 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714-1761 City 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 Signature, typed or printed name of registered agent and title r applicable. (NOTE: Redistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TOLE Change ☐ Addition ORINKAWITZ, MIRIAM 937 VINERIDGE RUN 105 STREET ADDRESS STREET ADORESS ALTAMONTE SPRINGS FL 32714-1761 CITY SI-ZIP CITY ST ZIP 11(LE Delete ☐ Change ☐ Addition ORINKAWITZ, MARK A NAME NAM 937 VINERIDGE RUN 105 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714-1761 CITY-ST-ZIP CITY-ST ZIE HILE ☐ Delete TITLE Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST 7IP TITLE Delete THE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 ment with an address, with all other like empowered.

FILED