


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90146 050 ***150.00

DOCUMENT # P97000052801	
1. Entity Name ORLEANS GROUP INTERNATIONAL, INC.	

Principal Place of Business 751 PARK OF COMMERCE DR #120 BOCA RATON, FL 33487 US	Mailing Address 751 PARK OF COMMERCE DR #120 BOCA RATON, FL 33487 US
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2. Principal Place of Business 6251 PARK OF COMMERCE BLVD Suite, Apt. #, etc. SUITE B City & State BOCA RATON, FL Zip 33487-8232 Country USA	3. Mailing Address 6251 PARK OF COMMERCE BLVD Suite, Apt. #, etc. SUITE B City & State BOCA RATON, FL Zip 33487-8232 Country USA
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04192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0760824	Applied For Not Applicable
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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 LEVINE, CPA, BRAHM D 515 N. FLAGLER DR. SUITE 300-P WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOSCOVITCH, RONALD 751 PARK OF COMMERCE DR #120 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6251 PARK OF COMMERCE BLVD. SUITE B BOCA RATON, FL 33487-8232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHOCRON, GABRIEL 751 PARK OF COMMERCE DR. #120 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6251 PARK OF COMMERCE BLVD. SUITE B BOCA RATON, FL 33487-8232
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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 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: _____ **4/20/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #