2005 FOR PROFIT CORPORATION

FILED Mar 21, 2005 8:00 am Secretary of State

03-21-2005 90068 048 ***150.00

ANNUAL REPORT	
DOCUMENT # P9700090274 1. Entity Name ORLANDO LIGHTING & GRIP, INC.	THE CALL

Principal Place of Business Mailing Address 40034903 11403 MARSEILLES BLVD. 11403 MARSEILLES BLVD. CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business NO LONGE Suite, Apt. #, etc. 02102005 CR2E034 (10/03) Chg-P 4. FEI Number Applied For 59-3473975 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name George SLADE, GEORGE KEITH Box Number is Not Acceptable 11403 MARSEILLES BLVD. Street Address CLERMONT, FL 34711 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Channe ☐ Addition SLADE, GEORGE K NAME NAME STREET ADDRESS 11403 MERSEILLES BLVD STREET ADDRESS CITY-ST-7IP CLERMONT, FL 34711 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: MORECTOR