

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001434

Entity Name: ORION HITEK, INC.

FILED  
Jan 13, 2008  
Secretary of State

## Current Principal Place of Business:

1101 NORTH LAKE DESTINY DRIVE  
SUITE 400  
MAITLAND, FL 32751

## New Principal Place of Business:

149 SPRING CHASE CIRCLE  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

149 SPRING CHASE CIRCLE  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 59-3486472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSLOFF, BORIS  
149 SPRING CHASE CIRCLE  
ALTAMONTE SPRINGS, FL 32714      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KOSLOFF, MARTINA  
Address: 1101 NORTH LAKE DESTINY DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Delete  
Name: KOSLOFF, BORIS  
Address: 1101 NORTH LAKE DESTINY DRIVE  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KOSLOFF, MARTINA  
Address: 149 SPRING CHASE CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD (X) Change ( ) Addition  
Name: KOSLOFF, BORIS  
Address: 149 SPRING CHASE CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BORIS KOSLOFF

VD

01/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date