2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000052279



FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90075 005 ***150.00

1. Entity Nam	n o	ORSON & WEISS		(JZ-US-ZUU	7 90073 00	5 ****15	0.00			
Principal Plac	e of Busines:	s	Mailing Addres	Mailing Address					_		
1615 FORUM PLACE, STE. 4D WEST PALM BEACH, FL 33401				1615 FORUM PLACE, STE. 4D WEST PALM BEACH, FL 33401			40009172				
2. Principal Place of Business - No P.O. Box #			3. Mailing Add	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01.	242007	Chg-P	CR2E034	(12/06)	
City & State			City & State		ì	FEI Number 65-084330	4	u		plied For t Applicable	
Zip Country		Zip	Zip Coun		5. (Certificate of St	atus Desired		8.75 Addi		
6. Name and Address of Current Registered Agent					ļ	7. I	Name and Add	ress of New I	Registered Age	ant	
HALVODS	ON STEV	/EN 14/			Name						
HALVORSON, STEVEN W 1615 FORUM PLACE, STE. 4D WEST PALM BEACH, FL 33401					Street Add	ress (P.O. E	Box Number is 1	lot Acceptabl	le)		
					City	 		***************************************	FL	Zip Code	•
8. The above	named entit	y submits this statement for	or the purpose of ch	nanoino its registe	ered office or re	nistered an	ent or both in	the State of FI	1	niliae wath	and accept
the obligat	ions of regist	ered agent.	от по разраща	nanging na rogiota	, oo omoo or 10	gioloi va ag	10111, 01 00111, 111	ino otato or r	onou. Tamian	micai vestri, e	and accept
SIGNATURE_	Signature, lyped	or printed name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent signature	required when re	einstating)	 -	DATE		
			-								
		FEE IS \$150.00 7 Fee will be \$550.		on Campaign Fina Fund Contribution	~	\$5.00 N Added to					
10. OFFICERS AND			DIRECTORS	<u>. </u>	AC	DITIONS/CHA	NGES TO OFF	FICERS AND D	IRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1615 FOF	R, RICHARD D RUM PLACE, STÉ. 4D ILM BEACH, FL 33401		NA St	TLE MME THEET ADDRESS TY-SI-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1615 FOF	SON, STEVEN W RUM PLACE, STE. 4D NLM BEACH, FL. 3340°		NA ST	TLE UME REET ADDRESS TY-ST-ZIP	, 1 <u>3</u> -11				Change	☐ Addition
TITLE NAME STREET AODRESS CHY-ST-ZIP	1615 FOA	R, JASON D NUM PLACE NLM BEACH, FL 3340°		NA ST	TLE AME REE1 ADDRESS TY-ST-ZIP	1615	FORU	m PLA		Change 4 D	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N/ St	TLE NME REET ADORESS TY-ST-ZIP		-			□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N/ St	TLE AME REET ADDRESS TY-ST-ZIP				C	_ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		o information — E-d-		ST CI	TLE AME TREET ADDRESS TY-ST-ZIP	Asia di Co		id- Cost to		☐ Change	Addilion
indicated	certity that th I on this repo	e information supplied wit rt or supplemental report i	n tris filing does no is true and accurate	or quality for the e and that my sign	sxemptions con nature shall hav	itained in Cl re the same	napter 119, Flo legal effect as i	rica Statutes. f made under	i further certify oath; that I am	that the in	irormation or director

of the corporation or the receiver or trustee amounted and interior 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	Ē	
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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR