2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 28, 2007
Secretary of State

DOCUMENT# P98000057518

Entity Name: ORIS NELSON ENTERPRISE, INC.

Current Principal Place of Business:

511 N INDIAN RIVER DR
STE A
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

511 N INDIAN RIVER DR
STE A
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0853085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, ORIS L
8945 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NELSON, ORIS L
Address: 8945 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: VP (X) Delete
Name: NELSON, DAVID G
Address: 33 SOUTH WEST CRESTVIEW ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Delete
Name: ANDERSON, BART M
Address: 4388 GATOR TRACE LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: VP ( ) Delete
Name: RAO, AJAYKUMAR K
Address: 2365 OLD RAVEN LANE SOUTH WEST
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ORIS NELSON P 09/28/2007

Electronic Signature of Signing Officer or Director — Date