


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000019138**  
 1. Entity Name  
**ORION COMMERCE GROUP, INC.**



Principal Place of Business      Mailing Address  
**2108 JELANE DRIVE**      **2108 JELANE DRIVE**  
**VALRICO, FL 33594**      **VALRICO, FL 33594**

**DO NOT WRITE IN THIS SPACE**



03282005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3626261</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MEYERS, MELVIN M**  
**2108 JELANE DRIVE**  
**VALRICO, FL 33594**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEYERS, MELVIN
STREET ADDRESS	2108 JELANE DRIVE
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	D
NAME	MARTENS, ALEX G
STREET ADDRESS	2108 JELANE DRIVE
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	ST
NAME	MEYERS, VERONICA
STREET ADDRESS	2108 JELANE DR.
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/06/05-80045-025 150.00

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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:** *Melvin Meyers*      **4/1/05**      **813-643-0670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #