


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90037 047 ***150.00

DOCUMENT # P00000019138

1. Entity Name
ORION COMMERCE GROUP, INC.



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

Mailing Address
**2108 JELANE DRIVE
 VALRICO, FL 33594**



2. Principal Place of Business - No P.O. Box #
1093 E. Brandon Blvd
 Suite, Apt. #, etc.

3. Mailing Address
1093 E. Brandon Blvd
 Suite, Apt. #, etc.

01032008 Chg-P CR2E034 (12/06)

City & State
Brandon, FL

City & State
Brandon, FL

4. FEI Number
59-3626261

Applied For
 Not Applicable

Zip
33511

Country
USA

Zip
33511

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYERS, MELVIN M
2108 JELANE DRIVE
VALRICO, FL 33594

Name
 Street Address (P.O. Box Number is Not Acceptable)
1093 E. Brandon Blvd
 City **Brandon** **FL** Zip Code **33511**

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 *Melvin M Meyers* (NOTE: Registered Agent signature required when reinstating) DATE 1/4/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYERS, MELVIN 2108 JELANE DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTENS, ALEX G 2108 JELANE DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEYERS, VERONICA 2108 JELANE DR. VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1093 E. Brandon Blvd Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 M Meyers* DATE 1/4/08 DAYTIME PHONE # 813-643-6180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR