2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 401920

Entity Name: O.R. COLAN ASSOCIATES, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
439 NE 7TH AVENUE FT. LAUDERDALE, FL 33301				4651 CHARLOTTE PARK DRIVE SUITE 440 CHARLOTTE, NC 28217				
Current Mailing Address:				New Mailing Address:				
439 NE 7TH AVENUE FT. LAUDERDALE, FL 33301			4651 CHARLOTTE PARK DRIVE SUITE 440 CHARLOTTE, NC 28217					
FEI Number: 59-1397236 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()					
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US								
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SHELTON, JOH 6551 NE 20TH			Title: Name: Address: City-St-Zip:	SEC (SHELTON, JO 10401 TYNE (CHARLOTTE,	COURT		
Title: Name: Address: City-St-Zip:	TREA (NASH, THOMA 8723 NW 82NI TAMARAC, FL	O STREET		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D (MERRYMAN, F 31 TOPPING L ST. LOUIS, MC	ANE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PRES (AMMAR, KARE 1320 FUNSTOI HOLLYWOOD,	N ST		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PLUTA, THEO	STA COURT SOUTH		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MUTH, CATHE	N DR., APT. 206		Title: Name: Address: City-St-Zip:	() Change () Addition		

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: JOHN SHELTON SEC. 03/12/2009