


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005534
 1. Entity Name
ORODAY, INC.



Principal Place of Business 2393 TELLER ROAD, SUITE 104 NEWBURY PARK, CA 91320	Mailing Address 2393 TELLER ROAD, SUITE 104 NEWBURY PARK, CA 91320
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0374267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CUMMINGS, KEVIN P
 1971 THORNWOOD DRIVE
 PALM BAY, FL 32909

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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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP OROPESA, JOEL 324 19TH STREET MANHATTAN BEACH, CA 90266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCS DAYMUDE, JEFF 34 FALLBROOK AVENUE NEWBURY PARK, CA 91320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/01/05-80021-001 150.00

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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: *Jeff Daymude*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF DAYMUDE 2/28/5 (805) 498-9344
 Date Daytime Phone #