


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90030 047 ***158.75

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| DOCUMENT # P96000013148 | |  | |
| 1. Entity Name ORLANDO KINGDOM, INC. | | | |
| Principal Place of Business 17555 ATLANTIC BLVD. SUITE 607 SUNNY ISLES BEACH FL 33160 US | | Mailing Address 17555 ATLANTIC BLVD. SUITE 607 SUNNY ISLES BEACH FL 33160 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0664567 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOLDBERG, STANLEY B 17555 ATLANTIC BLVD., STE. 607 SUNNY ISLES BEACH FL 33160 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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's signature required when rechartering) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 | PD GOLDBERG, STANLEY B 17555 ATLANTIC BLVD., STE. 607 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D GOLDBERG, JOYCE E. 17555 ATLANTIC BLVD., STE. 607 SUNNY ISLES BEACH, FL 33160-2995 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GOLDBERG, SANDRA L. 17555 ATLANTIC BLVD., STE. 607 SUNNY ISLES BEACH, FL 33160-2995 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GOLDBERG, MELODY S. 17555 ATLANTIC BLVD., STE. 607 SUNNY ISLES BEACH, FL 33160-2995 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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1st MOORE CR2E034 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Stanley B. Goldberg, PRES. STANLEY B. GOLDBERG, PD 305-933-9493
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-17-08