


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90027 038 ***158.75

DOCUMENT # P01000049338	
1. Entity Name GETRATESONLINE.COM, INC.	

Principal Place of Business 873 YELLOW PINE AVENUE ROCKLEDGE, FL 32955	Mailing Address 873 YELLOW PINE AVENUE ROCKLEDGE, FL 32955
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2. Principal Place of Business <i>131 S Courtenay Pkwy</i>	3. Mailing Address <i>131 S Courtenay Pkwy</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Merritt Island, FL</i>	City & State <i>Merritt Island, FL</i>
Zip <i>32952</i>	Country <i>USA</i>
Zip <i>32952</i>	Country <i>USA</i>



03242004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3724573	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, LARRY A MR.	NAME	
STREET ADDRESS	873 YELLOW PINE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, JANET K MRS.	NAME	
STREET ADDRESS	873 YELLOW PINE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MICHAEL A MR.	NAME	
STREET ADDRESS	620 E. RIVIERA DRIVE	STREET ADDRESS	8768 LIVE OAK COURT
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Michael A Brown* *Michael A Brown* 3/24/2004 321-453-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #