



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F04000002978						FILED 06 APR 17 PM 12:01 	
1. Entity Name ONREBATE.COM INC.				Principal Place of Business 7795 WEST FLAGLER STREET MIAMI, FL 33144			
2. Principal Place of Business 120 E. Palmetto Park Rd. Suite, Apt. #, etc. 3rd. Floor City & State Boca Raton, FL Zip 33432 Country USA				3. Mailing Address 7795 WEST FLAGLER STREET MIAMI, FL 33144 Suite, Apt. #, etc. 3rd. Fl. City & State Boca Raton, FL Zip 33432 Country USA			
4. FEI Number 11-3512329				Applied For Not Applicable			
5. Certificate of Status Desired <input 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 _____							
Amended AR is \$61.25				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	CD LEEDS, RICHARD 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William Gollan 120 E. Palmetto Park Rd. Boca Raton, FL 33432			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, ROBERT 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Richard Waller 120 E. Palmetto Park Rd. Boca Raton, FL 33432			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, BRUCE 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Daniel Callen 120 E. Palmetto Park Rd. Boca Raton, FL 33432			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNNE, JOE 7795 WEST FLAGLER STREET MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Curt Rush c/o CSC 1201 Hays Street Tallahassee, FL 32301			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDSCHN, STEVEN 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	<input checked="" type="checkbox"/> Delete	000072740460 04/28/06--01033--013 **61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPEILLER, MICHAEL 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	<input checked="" type="checkbox"/> Delete	B, 4/18/04				
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 an officer like empowered.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/7/06 (516) 608-7000 Date Daytime Phone #			