


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97460**  
 1. Entity Name  
**ON LOCATION EDUCATION (FLORIDA), INC.**



Principal Place of Business      Mailing Address  
**CHASTANG, FERRELL, SIMS, & EISERMAN, LLC**      **C/O CHASTANG, FERRELL ETAL.**  
**1400 W FAIRBANKS AVE 102**      **1400 W. FAIRBANKS AVENUE SUITE 102**  
**WINTER PARK, FL 32789**      **WINTER PARK, FL 32789 US**

**DO NOT WRITE IN THIS SPACE**



01262006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3031411**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHASTANG, LAWRENCE J**  
**CHASTANG FERRELL ETAL**  
**1400 W FAIRBANKS AVE SUITE 102**  
**WINTER PARK, FL 32789**

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SIMON, ALAN 19 E. MAIN ST MR. KISCO, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000471329  
 03/28/06-80048-025 150.00

**DO NOT WRITE IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Alan Simon President      2/21/2006      Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR