

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037785

FILED
Mar 30, 2005
Secretary of State

Entity Name: CLASS-ONLINE SYSTEMS, INC.

Current Principal Place of Business:

25 SE 2ND AVENUE
1148
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

25 SE 2ND AVENUE
1148
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZENDO CAPITAL INC
25 SE 2ND AVENUE
1148
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THEUERMEISTER, WOLF
Address: 25 SE 2ND AVENUE, SUITE 1148
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: THEUERMEISTER, TINA
Address: 25 SE 2ND AVENUE, SUITE 1148
City-St-Zip: MIAMI, FL 33131

Title: VT () Delete
Name: BAUMGARTNER, HEIDRUN
Address: 25 SE 2ND AVENUE, SUITE 1148
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: THEUERMEISTER, THOMAS
Address: 25 SE 2ND AVENUE, SUITE 1148
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOLF THEUERMEISTER

PD

03/30/2005

Electronic Signature of Signing Officer or Director

_____ Date