


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000052792		
Entity Name ON EURO, INC.		

Principal Place of Business 3166 NAUTILUS RD. MIDDLEBURG FL 32068	Mailing Address 3166 NAUTILUS RD. MIDDLEBURG FL 32068
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country	Zip
Country	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3644249** ☐ Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent	
LILLIS, LORRAINE L 3166 NAUTILUS RD. MIDDLEBURG FL 32068	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

I, 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, 2006 Fee Will Be \$550.00**  
**Check Payable to Florida Department of State**

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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
LILLIS, LORRAINE L	NAME	UD00000396879	
3166 NAUTILUS RD.	STREET ADDRESS	01/30/06-80027-005	150.00
MIDDLEBURG FL 32068	CITY - ST - ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine L. Lillis* *Lorraine L. Lillis* 1/20/06 (904) 278-1868