

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90333 050 \*\*\*150.00

DOCUMENT # P01000060898

1. Entity Name  
ON-LINE-REALTY-INC.COM



Principal Place of Business  
~~17441 SPRING TREE LANE~~  
~~BOCA RATON, FL 33487~~

Mailing Address  
~~17441 SPRING TREE LANE~~  
~~BOCA RATON, FL 33487~~

2. Principal Place of Business - No P.O. Box #  
6711 N. Ocean Blvd.

3. Mailing Address  
6711 N. Ocean Blvd.

Suite, Apt. #, etc.  
Apt. #22

Suite, Apt. #, etc.  
Apt. #22

City & State  
Ocean Ridge, Fl.

City & State  
Ocean Ridge, Fl.

04032007 Chg-P CR2E034 (12/06)

4. FEI Number  
52-2324187

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHAFF, SUSAN  
~~17441 SPRING TREE LANE~~  
~~BOCA RATON, FL 33487~~

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
6711 N. Ocean Blvd., Apt. #22

City Ocean Ridge FL Zip Code 33435

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME SHAFF, SUSAN  
STREET ADDRESS ~~17441 SPRING TREE LANE~~  
CITY-ST-ZIP ~~BOCA RATON, FL 33487~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6711 N. Ocean Blvd., Apt. #22  
CITY-ST-ZIP Ocean Ridge, Fl. 33435

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *X Susan Shaff* Susan Shaff, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X4/13/07*

Daytime Phone #

*561-7740-0788*