2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092131

Entity Name: SELLERS ONLINE, INC.

FILED Feb 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P O BOX 1102 7040 SOUTH US HWY 1792 SHARPES, FL 32959 FERN PARK, FL 32730

Current Mailing Address: New Mailing Address:

7040 SOUTH US HWY 1792 P O BOX 1102 SHARPES, FL 32959 FERN PARK, FL 32730

FEI Number: 51-0423531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

OSBURN, ROGER OSBURN, RICK 6020 GRISSOM PKWY 7040 SOUTH US HWY 1792 COCOA, FL 32927 FERN PARK, FL 32730

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: RICK OSBURN 02/20/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD () Delete Title: (X) Change () Addition

OSBURN, RICK OSBURN, RICK Name: Name: P O BOX 1102 7040 SOUTH US HWY 1792 Address: Address: City-St-Zip: SHARPES, FL 32959 City-St-Zip: FERN PARK, FL 32730

VD Title: VD (X) Change () Addition Title: () Delete

OSBURN, ROGER OSBURN, RICK Name: Name:

P O BOX 1102 7040 SOUTH US HWY 1792 Address: Address: SHARPES, FL 32959 FERN PARK, FL 32730 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: TD () Delete TD OSBURN, CATHY OSBURN, CATHY Name: Name:

P O BOX 1102 7040 SOUTH US HWY 1792 Address: Address: City-St-Zip: SHARPES, FL 32959 City-St-Zip: FERN PARK, FL 32730

Title: SD () Delete Title: SD (X) Change () Addition

OSBURN, KIM OSBURN, CATHY Name: Name:

Address: P O BOX 1102 Address: 7040 SOUTH US HWY 1792 City-St-Zip: City-St-Zip: SHARPES, FL 32959 FERN PARK, FL 32730

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROGER OSBURN VD 02/20/2006