

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066281

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: ONLINE INSURANCE SCHOOL.COM, INC.

## Current Principal Place of Business:

11339 YELLOW LEGS LANDING  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

## Current Mailing Address:

11339 YELLOW LEGS LANDING  
LAKE WORTH, FL 33467 US

## New Mailing Address:

FEI Number: 83-0361877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEIMAN, PAUL L  
11339 YELLOW LEGS LANDING  
LAKE WORTH, FL 33467 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: P ( ) Delete  
Name: SHEIMAN, PAUL L  
Address: 11339 YELLOW LEGS LANDING  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete  
Name: SHEIMAN, GAIL S  
Address: 11339 YELLOW LEGS LANDING  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: SEC ( ) Delete  
Name: LUCAS, DAWN  
Address: 214 TIMBERCOVE CIRCLE  
City-St-Zip: LONGWOOD, FL 32779 US

## 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:

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: PAUL SHEIMAN

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date