

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90361 027 \*\*\*150.00

**60029748**



02222006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000100456</b> 1. Entity Name <b>ON THE SPOT ADVERTISING, INC.</b>			
Principal Place of Business <b>526 MASON AVENUE DAYTONA BEACH, FL 32117</b>		Mailing Address <b>526 MASON AVENUE DAYTONA BEACH, FL 32117 US</b>	
2. Principal Place of Business <b>374 FENTRESS BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>374 FENTRESS BLVD</b> Suite, Apt. #, etc.	
City & State <b>DAYTONA BEACH</b>		City & State <b>DAYTONA BEACH</b>	
Zip <b>32114</b>		Zip <b>32114</b>	
Country		Country	
4. FEI Number <b>54-2126542</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KINNEY, ELISSA 134 PINE CONE TRAIL ORMOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>P COX, WALTON M 526 MASON AVENUE DAYTONA BEACH, FL 32117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COX, WALTON M 374 FENTRESS BLVD DAYTONA BEACH FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: WALTON COX, PRESIDENT</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	