2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 08:00 AM Secretary of State DOCUMENT # P04000072895 AC 'R US ONLINE.COM, INC. Principal Place of Business Mailing Address 3B73 NORTH POWERLINE ROAD 3873 NORTH POWERLINE ROAD C/O BONAIR OAKLAND PARK, FL 33309 OAKLAND PARK, FL 33309 CR2E034 (11/05) 01172006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1096867 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEDERMAN, RICHARD DO NOT WRITE **4 NW 108 WAY** PLANTATION, FL 33324 IN THIS SPACE 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 lamillar 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 rematating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS P/D TITLE RONDEAU, SUZANNE. NAME 2998 NW 48TH TERRACE, APT 228 STREET ADDRESS LAUDERDALE LAKES, FL 33313 CITY-ST-ZIP U00000396950 01/30/06-80030-001 150.**00** TITLE NAME STREET ADDRESS. CITY-ST-ZIP TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CTTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 champed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYZNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

JUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Osertine Phone

FILED