2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# P04000090355

Entity Name: ONLINEINVESTORHELP, INC.

Current Principal Place of Business:

3544 INDIGO POND DRIVE
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

PO BOX 16674
CLEARWATER, FL 33766

New Mailing Address:

PO BOX 341
OLDSMAR, FL 34677

FEI Number: 16-1701499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: PALLA, MARK F
Address: 3544 INDIGO POND DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: MISSIRIAN, DAVID
Address: 3544 INDIGO POND DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: SD (X) Delete
Name: ARBO, EDWARD
Address: 3544 INDIGO POND DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: FALCETTA, FRANK
Address: 3544 INDIGO POND DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: ALLEN, JEFFREY F
Address: 3544 INDIGO POND DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Delete
Name: CHEEVERS, EDMUND
Address: 3544 INDIGO POND DRIVE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: PALLA, MARK F
Address: 3544 INDIGO POND DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: MARK F PALLA PTSD 07/07/2009

Electronic Signature of Signing Officer or Director Date