2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# P04000122012

Entity Name: ALLIED HEALTH ONLINE INC.

Current Principal Place of Business:

1990 NORTHWEST 44TH STREET
POMPANO, FL 33064

New Principal Place of Business:

Current Mailing Address:

1990 NORTHWEST 44TH STREET
POMPANO, FL 33064

New Mailing Address:

FEI Number: 56-2475927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, AVA
4284 LAKE LUCERNE CIRCLE
WEST PALM, FL 33064 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: PRES ( ) Delete
Name: ANGLIN, JENNIFER
Address: 6720 LURAIS DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP ( ) Delete
Name: GERHOFF, SONDRA
Address: 1990 NW 44TH STREET
City-St-Zip: POMPANO, FL 33064

Title: SEC ( ) Delete
Name: THOMPSON, AVA
Address: 4284 LAKE LUCERNE CIRCLE
City-St-Zip: WEST PALM, FL 33409

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: SONDRA D. GERHOFF SEC 07/08/2005

Electronic Signature of Signing Officer or Director Date