


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90021 049 ***150.00

DOCUMENT # P04000122012 1. Entity Name ALLIED HEALTH ONLINE INC.					
Principal Place of Business 1990 NORTHWEST 44TH STREET POMPANO, FL 33064			Mailing Address 1990 NORTHWEST 44TH STREET POMPANO, FL 33064		
2. Principal Place of Business 1001 NW 62nd Suite, Apt. #, etc. 407		3. Mailing Address 1001 NW 62nd Suite, Apt. #, etc. Suite 407			
City & State Ft. Lauderdale FL Zip 33309		City & State Ft. Lauderdale FL Zip 33309		4. FEI Number 56-2475927	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01312006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent THOMPSON, AVA 4284 LAKE LUCERNE CIRCLE WEST PALM, FL 33064			7. Name and Address of New Registered Agent Name Thompson, Ava N. Street Address (P.O. Box Number is Not Acceptable) 7553 SW 26th Court City Davie FL Zip Code 33314		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ANGLIN, JENNIFER 6720 LURAS DRIVE LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERHOFF, SONDRRA 1990 NW 44TH STREET POMPANO, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC THOMPSON, AVA 4284 LAKE LUCERNE CIRCLE WEST PALM, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gerhoff, Sondra 9637 NW 4th Street Coral Spring, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Thompson, Ava N. 7553 SW 26th Court Davie FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
SIGNATURE: _____ 1/31/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					