2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# P05000034518

Entity Name: ACCOUNTING ONLINE INC

Current Principal Place of Business:

3869 S NOVA ROAD
SUITE 2
PORT ORANGE, FL 32127

New Principal Place of Business:

4643 CLYDE MORRIS BLVD
SUITE 308
PORT ORANGE, FL 32129

Current Mailing Address:

3869 S NOVA ROAD
SUITE 2
PORT ORANGE, FL 32127

New Mailing Address:

4643 CLYDE MORRIS BLVD
SUITE 308
PORT ORANGE, FL 32129

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLATER, GWEN
3869 S NOVA ROAD
SUITE 1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

SLATER, GWEN
4643 CLYDE MORRIS BLVD
SUITE 308
PORT ORANGE, FL 32129 US

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: 03/30/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SLATER, GWEN
Address: 3869 S NOVA ROAD SUITE 1
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete
Name: SHIELDS, SHELLY
Address: 3869 S NOVA ROAD SUITE 2
City-St-Zip: PORT ORANGE, FL 32127

Title: SEC ( ) Delete
Name: SILCOX, NANCY
Address: 3869 S NOVA ROAD SUITE 2
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SLATER, GWEN
Address: 4643 CLYDE MORRIS BLVD SUITE 308
City-St-Zip: PORT ORANGE, FL 32129

Title: VP (X) Change ( ) Addition
Name: SHIELDS, SHELLY
Address: 4643 CLYDE MORRIS BLVD SUITE 308
City-St-Zip: PORT ORANGE, FL 32129

Title: SEC (X) Change ( ) Addition
Name: SILCOX, NANCY
Address: 4643 CLYDE MORRIS BLVD SUITE 308
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the 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: GWEN SLATER P 03/30/2006
Electronic Signature of Signing Officer or Director — Date