2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am **Secretary of State**

03-19-2007 90074 035 ***150.00

DOCUMENT # P05000072721	
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1. Entity Name ONLINE MARKETING SYSTEMS INC



Mailing Address Principal Place of Business 1897 SIR LANCELOT CIRCLE 1897 SIR LANCELOT CIRCLE ST CLOUD, FL 34772 ST CLOUD, FL 34772 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 5218 444 Ave Circle East Suite, Apt. #, etc Suite. Apt. #. etc 03082007 Chg-P CR2E034 (12/06) xxite 4. FEI Number Applied For 42-1668839 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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. Collins SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ TIFLE ■ Addition TITLE □ Delete Change COLLINS, LARRY & JR 3615 162-4 AND EAST NAME COLLINS, LARRY E JR NAME 1897 SIR LANCELOT CIRCLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ST CLOUD, FL 34772 CITY - ST - ZIP Parrish FL 34219 VD ☐ Delete TITLE ☐ Change ☐ Addition TITLE PRICE, EDWIN A NAME NAME 1897 SIR LANCELOT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST CLOUD, FL 34772 CITY-ST-7IP TITLE TITLE ☐ Delete Tance ■ Addition COLLINS, ALICIA 3615 1624 Au East COLLINS, ALICIA NAME NAME STREET ADDRESS 1897 SIR LANCELOT CIRCLE STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ST CLOUD, FL 34772 TITLE TITLE ☐ Delete ☐ Change ☐ Addition PRICE, NANCY NAME NAME 1897 SIR LANCELOT CIRCLE STREET ADDRESS STREET ADDRESS ST CLOUD, FL 34772 CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-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 trusfee 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 appendicess, with all other like propowered.

SIGNATURE:

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