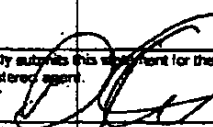
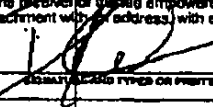


2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/

FILED
Mar 28, 2006 8:00 am
Secretary of State

02-21-2006 90025 044 ***150.00

DOCUMENT # P05000163318			
1. Entity Name ONSITE DEVELOPMENT GROUP INC.			
Principal Place of Business 2612 MOUNT ROYAL PLACE CHULUOTA, FL 32766		Mailing Address 2612 MOUNT ROYAL PLACE CHULUOTA, FL 32766	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3943899		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAPLAN, DAVID 2612 MOUNT ROYAL PLACE CHULUOTA, FL 32766		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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.			
SIGNATURE: 		DATE: 02 16 06	
FILE MONTH FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	KAPLAN, DAVID	NAME	
STREET ADDRESS	2612 MOUNT ROYAL PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA, FL 32766	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	LYNN, MICHAEL	NAME	
STREET ADDRESS	9837 NONA CREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP	
TITLE	DRUGHERTY	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 predecessor thereof 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 my address, with all other like empowered.			
SIGNATURE: 		DATE: 02 16 06	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		OFFICER PHONE #	

66007362



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