

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062534

FILED
May 01, 2009
Secretary of State

Entity Name: CATHOLIC PRODUCTS ONLINE, INC.

Current Principal Place of Business:

5291 MIDDLE CT
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

328 OBSERVATORY DRIVE
ORLANDO, FL 32835

New Mailing Address:

5291 MIDDLE CT
ORLANDO, FL 32811

FEI Number: 20-4821101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, GLORIA
5291 MIDDLE COURT
ORLANDO, FL 32811 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: P () Delete
Name: RUSSO, GLORIA
Address: 5291 MIDDLE COURT
City-St-Zip: ORLANDO, FL 32811

Title: V () Delete
Name: RUSSO, NICOLA
Address: 5291 MIDDLE COURT
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: GLORIA RUSSO

P

05/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date