

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

10 MAY 26 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000062534</b> 1. Entity Name CATHOLIC PRODUCTS ONLINE, INC.	
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Principal Place of Business 5291 MIDDLE CT ORLANDO, FL 32811	Mailing Address 5291 MIDDLE CT ORLANDO, FL 32811
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2. Principal Place of Business - No P.O. Box # 5291 MIDDLE CT Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05142010    Chg-P    CR2E034 (11/08)

City & State Orlando, FL	City & State	4. FEI Number 20-4821101	Applied For Not Applicable
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Zip 32811	County ORANGE	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RUSSO, GLORIA 5291 MIDDLE COURT ORLANDO, FL 32811	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold; font-size: 18px;">FL</div> Zip Code
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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 \_\_\_\_\_

Signature (typed or printed name of registered agent and is not applicable) (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, GLORIA	NAME	500180890085
STREET ADDRESS	5291 MIDDLE COURT	STREET ADDRESS	05/14/10--01012--008 **\$150.00
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, NICOLA	NAME	500180890085
STREET ADDRESS	5291 MIDDLE COURT	STREET ADDRESS	05/26/10--01007--008 **\$8.75
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Gloria Russo      5/20/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

12720