


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000017493  
 1. Entity Name  
 ON-LINE VIDEO DESIGN, INC.



Principal Place of Business      Mailing Address  
 710 ACACIA AVE.                      710 ACACIA AVE.  
 MELBOURNE, FL 32904 US              MELBOURNE, FL 32904 US

**DO NOT WRITE IN THIS SPACE**



02272006    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
 59-3234281                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, CHERYL  
 1411 S RIVERSIDE DR  
 INDIALANTIC, FL 32903

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLEMAN, CHERYL
STREET ADDRESS	1411 S RIVERSIDE DR
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D
NAME	KJERULFF, LAURITZ
STREET ADDRESS	710 ACACIA AVE
CITY-ST-ZIP	MELBOURNE VILLAGE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/21/06-80010-005 150.00

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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: X Cheryl Coleman                      X    3-706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #