

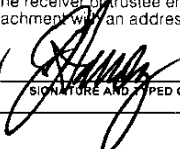
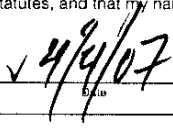


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90089 002 ***150.00

DOCUMENT # P97000010089 1. Entity Name ONLINE TECHNOLOGIES, INC.					
Principal Place of Business 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135			Mailing Address 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # 9420 Bonita Beach Rd. Suite, Apt. #, etc. Suite 200 City & State Bonita Springs, FL Zip 34135 Country USA		3. Mailing Address 9420 Bonita Beach Rd. Suite, Apt. #, etc. Suite 200 City & State Bonita Springs, FL Zip 34135 Country USA			
03132007 Chg-P CR2E034 (12/06)				4. FEI Number 59-3437232	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARUFE, NELIDA 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Carufe, Nelida Street Address (P.O. Box Number is Not Acceptable) 9420 Bonita Beach Road Suite 200 City Bonita Springs FL Zip Code 34135		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARVEY, JAMES 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garvey, James 9420 Bonita Beach Rd. Suite 200 Bonita Springs, Fl 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					