

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056750

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: ONLINE TRAINING, INC.

**Current Principal Place of Business:**

2669 FOREST HILL BLVD  
STE 207  
WEST PALM BEACH, FL 334065953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3303  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 65-0773787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARRISH, BRUCE W JR  
105 S NARCISSUS AVE STE 701  
WEST PALM BEACH, FL 33401      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR      ( ) Delete  
Name: REDDING, TERRENCE R  
Address: 2470 GABRIEL LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MR      ( ) Delete  
Name: RUGOLO, JOHN J  
Address: 4520 FEIVEL ROAD #54  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MR      ( ) Delete  
Name: ROTZIEN, JACK R  
Address: 121 DOVER BLVD SOUTH  
City-St-Zip: BROWNSBURG, IN 46112

Title: MRS      ( ) Delete  
Name: REDDING, BARBARA A  
Address: 2470 GABRIEL LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DR      ( ) Delete  
Name: HARNED, JAMES  
Address: 4013 SOUTHEAST 12TH STREET  
City-St-Zip: DELL CITY, OK 73115

Title: DR      ( ) Delete  
Name: LESTER, CHARLES  
Address: 117 SARATOGA BLVD W  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MR      (X) Change ( ) Addition  
Name: WEISHAUP, F. BRAD  
Address: 6418 LAUDERDALE STREET  
City-St-Zip: JUPITER, FL 33458

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: F. BRAD WEISHAUP

MR.

03/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date