

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054288

Entity Name: ONLINE BUSINESS INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

12540 VISTA ISLE DRIVE
SUITE 1117
SUNRISE, FL 33325

New Principal Place of Business:

4366 MAHOGANY RIDGE DR.
WESTON, FL 33331 US

Current Mailing Address:

12540 VISTA ISLE DRIVE
SUITE 1117
SUNRISE, FL 33325

New Mailing Address:

4366 MAHOGANY RIDGE DR.
WESTON, FL 33331 US

FEI Number: 65-0927342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLIANI, ENZO
12540 VISTA ISLE DRIVE
SUITE 1117
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

SOLIANI, ENZO
4366 MAHOGANY RIDGE DR.
WESTON, FL 33331 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOLIANI, ENZO
Address: 12540 VISTA ISLE DRIVE
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOLIANI, ENZO
Address: 4366 MAHOGANY RIDGE DR.
City-St-Zip: WESTON, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ENZO SOLIANI

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date