


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2006 8:00 am
Secretary of State**

04-26-2006 90185 020 ***150.00

DOCUMENT # P99000107566 1. Entity Name ONLINE LABELS, INC.	
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Principal Place of Business 925 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750	Mailing Address 925 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750
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66010030



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3612776	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CARMANY, DAVID 925 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARMANY, JOEL 925 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARMANY, DAVID 925 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750
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**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **5/10/06 407-339-4339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Dave Carmany