

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90075 021 \*\*\*150.00



**DOCUMENT # L97460**  
 1. Entity Name  
**ON LOCATION EDUCATION (FLORIDA), INC.**

Principal Place of Business Mailing Address  
**CHASTANG, FERRELL, SIMS, & EISERMAN, LLC** **C/O CHASTANG, FERRELL ETAL.**  
**1400 W FAIRHANKS AVE 102** **1400 W. FAIRBANKS AVENUE SUITE 102**  
**WINTER PARK, FL 32789** **WINTER PARK, FL 32789 US**

40091001



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03062007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3031411** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CHASTANG, LAWRENCE J**  
**CHASTANG FERRELL ETAL**  
**1400 W FAIRBANKS AVE SUITE 102**  
**WINTER PARK, FL 32789**

**7. Name and Address of New Registered Agent**  
 Name **Lawrence J. Chastang**  
 Street Address (P.O. Box Number is Not Acceptable) **Larson, Aiken, Weishair & CO., LLP**  
**1400 W. Fairbanks Ave. Suite 102**  
 City **Winter Park** FL Zip Code **32789**

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: *[Signature]* DATE: **03/07/07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	DPST SIMON, ALAN 19 E. MAIN ST MR. KISCO, NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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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: *Alan Simon, President, Alan Simon* 3/12/2007  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #