

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97460

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** ON LOCATION EDUCATION (FLORIDA), INC.

**Current Principal Place of Business:**

LARSONALLEN LLP  
420 S ORANGE AVE STE 500  
ORLANDO, FL 32801

**New Principal Place of Business:**

400 COLUMBUS AVE.  
SUITE 7S  
VALHALLA, NY 10595

**Current Mailing Address:**

LARSONALLEN LLP  
420 S ORANGE AVE STE 500  
ORLANDO, FL 32801 US

**New Mailing Address:**

400 COLUMBUS AVE.  
SUITE 7S  
VALHALLA, NY 10595 US

**FEI Number:** 59-3031411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHASTANG, LAWRENCE J  
LARSONALLEN, LLP  
420 S ORANGE AVE STE 500  
ORLANDO, FL 32801 US

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: KATIE WONSCH, ASSISTANT SECRETARY

04/29/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: SIMON, ALAN  
Address: 400 COLUMBUS AVE SUITE 75  
City-St-Zip: VALHALLA, NY 10595

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

Title: DPST (X) Change ( ) Addition  
Name: SIMON, ALAN  
Address: 400 COLUMBUS AVE., SUITE 7S  
City-St-Zip: VALHALLA, NY 10595

I hereby certify that the information supplied with this filing does not qualify 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: ALAN SIMON

DPST

04/29/2009

Electronic Signature of Signing Officer or Director

Date