

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB -5 PM 12: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F97000003905</b> 1. Entity Name ONITY INC.	
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Principal Place of Business 2100A NANCY HANKS DR NORCROSS, GA 30071 US	Mailing Address 2100A NANCY HANKS DR NORCROSS, GA 30071 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip Country	City & State  Zip Country
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01102007 Chg-P CR2E034 (12/06)

4. FEI Number 51-0346174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	300088062858 02/13/07--01001--027 **150.00
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	VENIEZ, CHARLES
STREET ADDRESS	2100A NANCY HANKS DRIVE
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	CFOT <input checked="" type="checkbox"/> Delete
NAME	MARCHAK, DAVID
STREET ADDRESS	2100A NANCY HANKS DRIVE
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	CHAUEY, MARK
STREET ADDRESS	NINE FARM SPRINGS ROAD
CITY-ST-ZIP	FARMINGTON, CT 06034
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	HOOF, JAMES V
STREET ADDRESS	NINE FARM SPRINGS ROAD
CITY-ST-ZIP	FARMINGTON, CT 06034
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	BEUSQUET, PAUL
STREET ADDRESS	NINE FARM SPRINGS ROAD
CITY-ST-ZIP	FARMINGTON, CT 06034
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	HOLLIS, SONIA A
STREET ADDRESS	NINE FARM SPRINGS ROAD
CITY-ST-ZIP	FARMINGTON, CT 06034

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary Dwinnette Johnson-Bailey
STREET ADDRESS	2100A Nancy Hanks Drive
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director Akhil Johri
STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON, CT 06032
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director Antonio Cintre
STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON, CT 06032
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director Feyzan Dalay
STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON, CT 06032

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: *Dwinnette Johnson-Bailey* Dwinnette Johnson-Bailey 1/19/07  
Signature and typed or printed name of signing officer or director Date Daytime Phone #