


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000012806

1. Entity Name
 HP ONE HOLDINGS CORP.



Principal Place of Business Mailing Address

501 BRICKELL KEY DRIVE, STE 506 501 BRICKELL KEY DRIVE, STE 506
 MIAMI, FL 33131 US MIAMI, FL 33131 US



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0686693 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLESINGER, MICHAEL J
 501 BRICKELL KEY DRIVE STE 506
 MIAMI, FL 33131

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 reinstating) DATE _____

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 | D |
| NAME | SCHLESINGER, MICHAEL J |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 05/01/07-80037-025 150.00

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 a power of attorney.

SIGNATURE: Michael J. Schlesinger **MICHAEL J. SCHLESINGER** 4/10/2007 (305) 333 8993

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR, RECEIVER, TRUSTEE OR DIRECTOR Date Daytime Phone #