


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90079 038 ***150.00

| | | |
|---|--|---|
| DOCUMENT # S21318 | |  |
| 1. Entity Name S.A.M.S. -N-ONE, INC. | | |

| | |
|---|---|
| Principal Place of Business 2888 WEST HIGHWAY 44 DELAND, FL 32720 | Mailing Address 1133 GLENWOOD ROAD % SAM ECKHARDT DELAND, FL 32720 |
|---|---|

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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

02072006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3044929

Applied For
Not Applicable

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



| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WEIR, MEGAN 1433 GWANWOOD RD DELAND, FL 32720 | | Name Street Address (P.O. Box Number is Not Acceptable) <i>1133 GLENWOOD ROAD</i> City <i>ORLANDO</i> FL Zip Code <i>32720</i> | |

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, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD WEIR, MEGAN 1133 GWANWOOD RD DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1133 GLENWOOD ROAD</i> <i>ORLANDO, FL 32720</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAMPBELL, DONALD J 46 WELLINGTON STREET ORMOND BEACH, FL 32122 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 names empowered.

SIGNATURE: *Donald J Campbell* DONALD J CAMPBELL Date *2/8/06* 386-736-7001 Daytime Phone #