


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90040 045 ****69.90

DOCUMENT # N95000000966	
1. Entity Name	
ONE WORLD FOUNDATION, INC.	

Principal Place of Business	Mailing Address
830-13 A1A NORTH #321 PONTE VEDRA FL 32082 US	830-13 A1A NORTH #321 PONTE VEDRA FL 32082 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E037 (10/04)
4. FEI Number	Applied For
59-3326436	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DR. TALLAHASSEE FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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)

FILE NOW: FEE IS \$81.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCOUGGAN, JOHN H	NAME	
STREET ADDRESS	150 JORALEMON STREET # 11-B	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11201	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNAHILL, SAMUEL B	NAME	
STREET ADDRESS	VILLA LAPAGANE 8 RUE GABRIEL	STREET ADDRESS	
CITY-ST-ZIP	LA GAVDE FRANCE 06610	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, MARY	NAME	
STREET ADDRESS	181 CROSS COVE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLUCAS, W S	NAME	
STREET ADDRESS	BOX #307 830-13 A1A NORTH	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLUCAS, NANCY M	NAME	
STREET ADDRESS	BOX #307 830-13 A1A NORTH	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> ADDITION
NAME		NAME	CLAUDE BRUN
STREET ADDRESS		STREET ADDRESS	VILLA LAPAGANE 8 RUE GABRIEL
CITY-ST-ZIP		CITY-ST-ZIP	LA GAVDE FRANCE 06610

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.	
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SIGNATURE: <i>W. Scott McLucas</i>	W. SCOTT MCLUCAS, PRES. 04/07/05	904-280-1032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #