


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90025 033 ****61.25

DOCUMENT # N95000000966

1. Entity Name
 ONE WORLD FOUNDATION, INC.



Principal Place of Business Mailing Address

830-13 A1A NORTH 830-13 A1A NORTH
~~307~~ #307 ~~307~~ #307
 PONTE VEDRA, FL 32082 US PONTE VEDRA, FL 32082 US

DO NOT WRITE IN THIS SPACE



02202006 No Chg-NP CR2E037 (11/05)

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCQUIGGAN, JOHN H
STREET ADDRESS	150 JORALEMON STREET # 11-B
CITY-ST-ZIP	BROOKLYN, NY 11201
TITLE	VD
NAME	TANNAHILL, SAMUEL B
STREET ADDRESS	VILLA LAPAGANE 8 RUE GABRIEL
CITY-ST-ZIP	LA GAVDE FRANCE, 06610
TITLE	D
NAME	MARX, MARY
STREET ADDRESS	181 CROSS COVE CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	P
NAME	MCLUCAS, W S
STREET ADDRESS	BOX #307 830-13 A1A NORTH
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VD
NAME	MCLUCAS, NANCY M
STREET ADDRESS	BOX #307 830-13 A1A NORTH
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	REPE
NAME	BRUN, CLAUDE
STREET ADDRESS	VILLA LAPAGANE 8 RUE GABRIEL
CITY-ST-ZIP	LA GAUDE, FR 06610

Please note, we have changed our suite number to 307

Many thanks in advance for making this change in our records.

Sincerely,

W. Scott McLucas
 President, OWF, Inc.

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 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.

SIGNATURE: *W. Scott McLucas* W. SCOTT MCLUCAS, PRESIDENT 02/20/06 ↑

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-280-1032