


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90057 016 ***150.00

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| DOCUMENT # 167386 1. Entity Name ONE TWENTY FOUR INC |  |
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| Principal Place of Business 124 ISLE OF VENICE FT LAUDERDALE, FL 33301 | Mailing Address P O BOX 1026 NEW ALBANY, IN 47151-1026 |
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01052005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1378809 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WILKINS ENTERPRISES, LLC 124 ISLE OF VENICE FT LAUDERDALE, FL 33301 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILKINS, LARRY C 124 ISLE OF VENICE #2 FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HESS, WERNER F. 124 ISLE OF VENICE FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WILKINS, SUSAN 124 ISLE OF VENICE #2 FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 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: *Larry Wilkins* 4/26/05 812-948-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #