## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 15, 2004 8:00 am Secretary of State 03-15-2004 90081 033 \*\*\*150.00

1. Entity Name	MEN   #415228 ONEYSAVERS, INC.								
Principal Place	e of Rusiness	Mailing Address		L		01(		U	
. Principal Place of Business 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE, FL 32202		P.O. BOX 1180 MELBOURNE, FL 32902							
									MIM
2. Principal Place of Business 2260 5. Front St		3. Mailing Address							
Suite, Apt. #, etc. # 407		Suite, Apt. #, etc.			03102004	Chg-P	CR2E0	34 (10/03)	and Far
Melhourne, FL		City & State		4. FEI Number 59-1514			No	plied For t Applicable	
Zip	Country	Zip	Coun	ntry		of Status Desired		\$8.75 Add	litional
- 3290	6. Name and Address of Current	Registered Agent				Address of New I			<u> </u>
	o. Reality and Addition of Outliers	Trogistored Agent		Name	7. 142110 0110 1	100000011100		- Bour	
FUSILLO, DULCIE 2260 S FRONT STREET #407			Street Address (P.O. Box Number is Not Acceptable)						
MELBOUR	RNE, FL 32901				, , , , , , , , , , , , , , , , , , ,				
				City			FL	Zip Cod	0
	named entity submits this statement for ions of registered agent.	or the purpose of changing i	its register	ed office or reg	gistered agent, or both	n, in the State of Fl	lorida. Lam	familiar with,	and accept
SIGNATURE									
SIGNATURE.					**************************************		****		
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (NK	OTE: Registere	ed Agent signature rec	equired when reinstating)		DATE		
FIL	Signature, typed or printed name of registered agent E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Camp	aign Finar	ncing	\$5.00 May Be Added to Fees		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Camp Trust Fund Co	paign Finar	ncing	\$5.00 May Be Added to Fees	CHANGES TO OF			
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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.

Dulcie Ann Fusillo Sec. 3-10-04