2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 24, 2007 08:00 AN **DOCUMENT # 684289 Secretary of State** 1. Entity Namo O.N.L., INC. Mailing Address Principal Place of Business 5005 LILLIAN LEE RD. ST CLOUD FL 34771 5005 LILLIAN LEE RD. ST CLOUD FL 34771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 59-2044052 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo LEE, ORIE N Street Address (P.O. Box Number is Not Acceptable) 5005 LILLIAN LEE RD. ST CLOUD FL 34771 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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when minstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 9G 11113 Delete HILE ☐ Change Addition LEE, ORIE NAM NAM U00000601318 01/26/07~80045-010 150.00 5005 LILLIAN LEE RD. STREET ADDRESS STOTE LADDRESS STICLOUD, FL 00000 CHY SI 74P CITY ST 7IP SVP HILE Change Addition m Delete LEE, LOUISE H. NAUI NAME 5005 LILLIAN LEE RD. STREET ADDRESS STREET ADDRESS ST CLOUD, FL 00000 CHY SI 789 CITY ST /IP Change Addition ☐ Delele mu 11111 NAME STREET ADDRESS SHIFT ADDRESS CITY SE-ZIP CHY 51 ZIP Delete TITLE Cliange ☐ Addition 11111 MAME NAM STREET ADDRESS SHIEL LADORESS CHY SI ZIP CHY SE /IP 11111 ☐ Change ☐ Addition Delete IIII NAME NAME STREET ADDRESS SOUL LADDRESS CITY-ST-ZIP CITY ST 709 IIILE Change ☐ Addition Delete HILL NAME NAME SIRFET ADDRESS STREET ADDRESS CITY ST 7IP CHY SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackment with an address, with all other like empowered

Orie N.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Lee

407-892-2078

Devlime Phone #

1-22-07