


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000001785 1. Entity Name USA ONE REAL ESTATE, INC.	
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Principal Place of Business 7340 N.W. U.S. HIGHWAY 27 OCALA, FL 34482	Mailing Address 7340 N.W. U.S. HIGHWAY 27 OCALA, FL 34482
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2303020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIECHENS, EUGENE A
445 NE 8TH AVENUE
OCALA, FL 34470

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

000000582439
01/11/07-80031-021 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, RALPH L SR. 7340 NW US HWY 27 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIRSCHY, DANIEL J 7340 NW US HWY 27 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WADE, JEFFREY C 600 GILLAM ROAD WILMINGTON, OH 45177
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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IN THIS SPACE**

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 687, 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:  **1-9-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #