


2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/4/2007-90039-024-\$550.00-\$550.00

FILED

07 SEP 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0600007084 1. Entity Name ACCESS ONE OF INDIANA, INC.	
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Principal Place of Business 7602 WOODLAND DRIVE SUITE 100 INDIANAPOLIS, IN 46278	Mailing Address PO BOX 681218 INDIANAPOLIS, IN 46268
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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08282007	Chg-P	CR2E034 (12/06)	
4. FEI Number 35-1817511		Applied For <input type="checkbox"/> 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 INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS <input type="checkbox"/> Delete FOLLETT, JAYNE A 7602 WOODLAND DRIVE, SUITE 100 INDIANAPOLIS, IN 46278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP <input type="checkbox"/> Delete FOLLETT, JAYNE A 7602 WOODLAND DRIVE, SUITE 100 INDIANAPOLIS, IN 46278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete FOLLETT, JAYNE A 7602 WOODLAND DRIVE, SUITE 100 INDIANAPOLIS, IN 46278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOYLES, JAMES K 7602 WOODLAND DRIVE, SUITE 100 INDIANAPOLIS, IN 46278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FOLLETT, RICHARD L II 7602 WOODLAND DRIVE, SUITE 100 INDIANAPOLIS, IN 46278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard L. Follett 7602 Woodland Dr., Suite 100 Indianapolis, IN 46278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard L. Follett 7602 Woodland Dr., Suite 100 Indianapolis, IN 46278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE Richard L. Follett V. Pres. Date Aug 29, 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]