2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M02270

Entity Name: ONE WRITE SYSTEMS, INC.

FILED Apr 21, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|------------------------------------|------------------------------------|---|--|
| 304 INDIAN TRACE SUITE 703 | 110 | | | |
| WESTON, FL 33326 | US | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 304 INDIAN TRACE SUITE 703 | | | | |
| WESTON, FL 33326 | US | | | |
| FEI Number: 59-2472947 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of | Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| BROWN, GARY N 304 INDIAN TRACE SUITE 703 | 10 | | | |
| WESTON, FL 33326 (| JS | | | |
| The above named entit in the State of Florida. | y submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electr | onic Signature of Registered Age | ent | Date | |

OFFICERS AND DIRECTORS:

Title: PD

Name: BROWN, GARY N.

Address: 304 INDIAN TRACE, SUITE 703

City-St-Zip: WESTON, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY BROWN PD 04/21/2011