2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002072

Entity Name: ONE WORLD INSIGHT, INC.

FILED Jun 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6187 PINE TREE LANE UNIT D TAMARAC, FL 33319 **New Mailing Address: Current Mailing Address:** 6187 PINE TREE LANE UNIT D TAMARAC, FL 33319 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLOWELL, SHEILA L 6187 PINE TREE LANE UNIT D TAMARAC, FL 33319 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HOLLOWELL, BUD R HOLLOWELL, BUD R Name: Name: 6187 PINE TREE LANE Address: 7205 SPORTSMAN'S DR Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: N. LAUDERDALE, FL 33068 Title: () Delete Title: (X) Change () Addition FOGEL, HYMAN Name: HAYCRAFT, JANE Name: Address: 7582 GRANVILLE DR. Address: 4445 CONDOR City-St-Zip: TAMARAC, FL 33321 City-St-Zip: FAIRBANKS, AK 99707 Title: () Delete Title: SEC (X) Change () Addition HOLLOWELL, SHEILA L O'REILLY, CHRISTOPHER Name: Name: 6093 BUCKEYE COURT Address: 6187 Address: City-St-Zip: TAMARAC, GF 33319 City-St-Zip: TAMARAC, FL 33319 () Change (X) Addition Title: () Delete Title: TREA RUIZ, LEISA Name: Name: Address: Address: #2 CALLE ARCOS City-St-Zip: City-St-Zip: RANCHOS SANTA MARGUERITA, CA 92688 Title: () Delete Title: () Change (X) Addition GRIER, MARCUS Name: Name: 950 MOCKINGBIRD LANE Address: Address: City-St-Zip: City-St-Zip: PLANTATION, FL 33324 Title: () Delete Title: () Change (X) Addition CLECKLEY, TODD Name: Name: Address: Address: 600 PINE ISLAND BLVD. PLANTATION, FL 33324 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUD R. HOLLOWELL P 06/26/2004