


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90172 025 ****61.25

DOCUMENT # N04000002079 1. Entity Name AXIS ONE, INC.	
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Principal Place of Business 2335 9TH STREET NORTH 404 NAPLES, FL 34103	Mailing Address PO BOX 11206 NAPLES, FL 34101
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DO NOT WRITE IN THIS SPACE



04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0787316	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 RYAN, JEFFREY E 2335 9TH STREET NORTH SUITE 404 NAPLES, FL 34101
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	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 RYAN, JEFFREY E 1264 CYPRESS WOODS DR. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FREEMAN, VICTORIA 1469 ST. CLAIR SHORE RD NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAVER, DAVE 157 EAST STREET, SUITE 116 JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, PETRA 2335 9TH STREET NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CRAWFORD, BUD 900 N. APPALACHIAN TERR. 104 AZALEA BLVD CRYSTAL RIVER, FL 34429 DOUGLAS GA 31533
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 617, 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: <i>Victoria M. Freeman</i> VICTORIA M. FREEMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/10/06 <small>Daytime Phone #</small>
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