


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90087 050 \*\*\*\*61.25

<b>DOCUMENT # N04000002079</b>	
1. Entity Name <b>AXIS ONE, INC.</b>	

Principal Place of Business <b>2335 9TH STREET NORTH 404 NAPLES FL 34103</b>	Mailing Address <b>PO BOX 11206 NAPLES FL 34101</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO BOX 11206</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>NAPLES FL</b>	
Zip	Country	Zip	Country
		<b>34101</b>	<b>Collier</b>

1st MOORE CR2E037 (10/06)

4. FEI Number <b>20-0787316</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>RYAN, JEFFREY E 2335 9TH STREET NORTH SUITE 404 NAPLES FL 34101</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RYAN, JEFFREY E 1204 CYPRESS WOODS DR. NAPLES FL <del>34103</del> <b>34101</b></b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TRES FREEMAN, VICTORIA 1469 ST. CLAIR SHORE RD NAPLES FL 34104</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP SHAVER, DAVE 157 EAST STREET, SUITE 116 JACKSONVILLE FL 32206</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP JONES, PETRA 2335 9TH STREET NORTH NAPLES FL 34103</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC CRAWFORD, BUD 104 AZALEA BLVD DOUGLAS GA 31533</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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 Section 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:** *Victoria M. Freeman* **3/8/07** **2395305840**