

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006081

FILED
Apr 18, 2006
Secretary of State

Entity Name: FOLLOW ONE INTERNATIONAL, INC.

Current Principal Place of Business:

715 GLEN EAGLE DR
WINTER SPRINGS, FL 32703

New Principal Place of Business:

Current Mailing Address:

715 GLEN EAGLE DR
WINTER SPRINGS, FL 32703

New Mailing Address:

FEI Number: 20-1297097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DR STE 200
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

MESSINA, LAURA C
5512 GARDEN GROVE CIR.
WINTER PARK, FL 32792 US

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: LAURA MESSINA

04/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOFTIN, JAMES L
Address: 715 GLEN EAGLE DR
City-St-Zip: WINTER SPRINGS, FL 32703

Title: D () Delete
Name: SCHRENK, RHONDA
Address: 715 GLEN EAGLE DR
City-St-Zip: WINTER SPRINGS, FL 32703

Title: D () Delete
Name: LOFTIN, JAMES
Address: 715 GLEN EAGLE DR
City-St-Zip: WINTER SPRINGS, FL 32703

Title: S () Delete
Name: GILBERT, JOHN
Address: 6815 DESCO DRIVE
City-St-Zip: DALLAS, TX 75225

Title: T () Delete
Name: WIGGINS, LARALEE
Address: 12711 WHITERAPIDS DR.
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: FORRESTER, MARK
Address: 6236 LOCHLEVIN COVE
City-St-Zip: MEMPHIS, TN 38119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BROWN, TERRY
Address: 6564 N. OAK SHADOWS CIR.
City-St-Zip: MEMPHIS, TN 38119

Title: D (X) Change () Addition
Name: GILBERT, JOHN
Address: 6815 DESCO DRIVE
City-St-Zip: DALLAS, TX 75225

Title: T (X) Change () Addition
Name: DEHART, LARALEE
Address: 12711 WHITERAPIDS DR.
City-St-Zip: ORLANDO, FL 32828

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES LOFTIN

D

04/18/2006

Electronic Signature of Signing Officer or Director

Date