2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010522

8313 CALAIS CIRCLE

ORLANDO, FL 32825

Address: City-St-Zip: FILED Apr 27, 2005 Secretary of State

Entity Name: POINT ONE ZERO, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	ILBROOK CT. D, FL 32825			
Current Mailing Address:			New Mailing Address:	
	ILBROOK CT. D, FL 32825			
FEI Number	: 20-1822872	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
12021 PHI	WILLIAM R ILBROOK CT. D, FL 32825	US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electron	nic Signature of Registered Age	ent	Date
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D (HAWKS, WILL 12021 PHILBR ORLANDO, FL	OOK CT.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (BUSH, SHAWN 2513 SEABRAI ORLANDO, FL	NCH ST.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DUNN, RICHAF 45 CHAUSEE [) Delete RD DE WATERLOO NESE 1640 BELGIUM,	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	NARDELLA, AN 234 N. WESTM) Delete ITHONY M JR. IONTE DR., STE. 3000 PRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D (RIGGS, EDMO) Delete ND V	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM R. HAWKS 04/27/2005 D