

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2005
Secretary of State**

DOCUMENT# N04000011392

Entity Name: ONE ON ONE, ONE BY ONE, INC.

Current Principal Place of Business:

412 MAGNOLIA AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

412 MAGNOLIA AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3455773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, FRANK
412 MAGNOLIA AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CHAPMAN, JOSEPH F IV
Address: 1002 WEST 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: LEMENSE, WENDI
Address: 412 MAGNOLIA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: TOTH, KERRI
Address: 412 MAGNOLIA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BLACK, ANGELA
Address: 412 MAGNOLIA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: SWATTS, HIGDON
Address: 412 MAGNOLIA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JAN BARTON

Electronic Signature of Signing Officer or Director

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03/16/2005

Date