

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N04000011392

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

**Current Principal Place of Business:**

625 HIGHWAY 231  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

625 HIGHWAY 231  
PANAMA CITY, FL 32405

**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  
625 HIGHWAY 231  
PANAMA CITY, FL 32405      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: TOTH, KERRI  
Address: 1002 WEST 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: D      ( ) Delete  
Name: LEMENSE, WENDI  
Address: 1002 WEST 23RD STREET, SUITE 400  
City-St-Zip: PANAMA CITY, FL 32405

Title: D      ( ) Delete  
Name: WOOD, DANELLA  
Address: 625 HIGHWAY 231  
City-St-Zip: PANAMA CITY, FL 32405

Title: D      ( ) Delete  
Name: GUNN, MICHAEL  
Address: 5006 HICKORY ST.  
City-St-Zip: PANAMA CITY, FL 32404

Title: D      ( ) Delete  
Name: SWATTS, HIGDON  
Address: 1215 MARIE ANN BLVD  
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 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: HIGDON SWATTS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

03/20/2009

\_\_\_\_\_  
Date