

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2007
Secretary of State**

DOCUMENT# N05000011031

Entity Name: ONE EIGHTY INC.

Current Principal Place of Business:

1417 WELLINGTON DRIVE
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

1417 WELLINGTON DRIVE
SEBRING, FL 33875

New Mailing Address:

FEI Number: 33-1121091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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: DP () Delete
Name: WALDRON, SCOTT
Address: 1417 WELLINGTON DRIVE
City-St-Zip: SEBRING, FL 33875

Title: DT () Delete
Name: MEYER, MIKE
Address: 2538 DOGLEG DRIVE
City-St-Zip: SEBRING, FL 33872

Title: DVP () Delete
Name: WALDRON, BRITT
Address: 522 STANLEY AVENUE
City-St-Zip: FROSTPROOF, FL 33834

Title: DS () Delete
Name: YARBROUGH, JASON
Address: 3415 BLOWING OAK STREET
City-St-Zip: VALRICO, FL 33594

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:

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: SCOTT WALDRON

DP

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date