

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012226

FILED
Jul 20, 2007
Secretary of State

Entity Name: ONE STEP INTERNATIONAL, INC

Current Principal Place of Business:

4918 SW 147 PLACE
MIAMI, FL 33185

New Principal Place of Business:

4918 SW 147 TH PLACE
MIAMI, FL 33185

Current Mailing Address:

4918 SW 147 PLACE
MIAMI, FL 33185

New Mailing Address:

P. O. BOX 960055
MIAMI, FL 332960055

FEI Number: 68-0629674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LILYQUIST, RUTHIE
4918 SW 147 PLACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

LILYQUIST, RUTHIE
4918 SW 147 TH PLACE
MIAMI, FL 33185 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: RUTHIE LILYQUIST

07/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LILYQUIST, RUTHIE
Address: 4918 SW 147 PLACE
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: PRIDMORE, NANCY
Address: 326 W. PALM DR.
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: MENSING, PAM
Address: 6411 DORCHESTER RD.
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: TROXELL, DAVE
Address: 4934 HIDDEN HILLS DR.
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Delete
Name: RAMOS, DEBRA
Address: 740 LAMP POST LANE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LILYQUIST, RUTHIE
Address: 4918 SW 147 TH PLACE
City-St-Zip: MIAMI, FL 33185

Title: D (X) Change () Addition
Name: MENSING, PAM
Address: 6411 DORCHESTER RD.
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Change () Addition
Name: RAMOS, DEBRA
Address: 740 LAMP POST LANE
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Change () Addition
Name: MONOKIAN, MISSY REV.
Address: 9393 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

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: RUTHIE LILYQUIST

PRES

07/20/2007

Electronic Signature of Signing Officer or Director

Date