## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011946

ROBERTS, STEVE

WINTER PARK, FL 32789 US

321 WHITE OAK CIRCLE

MAITLAND, FL 32751 US

( ) Delete

1414 GAY ROAD

ROBERTS, LISA

Name: Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: ONE PLANET, INC.

FILED Sep 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 124 BUCKSKIN WAY WINTER SPRINGS, FL 32708 US **Current Mailing Address: New Mailing Address:** 1414 GAY ROAD 1414 GAY ROAD SUITE 202, BOX 8 WINTER PARK, FL 32789 US WINTER PARK, FL 32789 US FFI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent: ROBERTS, STEVE ROBERTS, STEVE 1414 GAY ROAD 1414 GAY ROAD WINTER PARK, FL 32789 US SUITE 202 WINTER PARK, FL 32789 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: WILLIAM ADAMS 09/15/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ADAMS, WILLIAM F Name: Name: 124 BUCKSKIN WAY Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: ADAMS, STEPHANIE L Name: Address: 124 BUCKSKIN WAY Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: WILLIAM ADAMS PRES 09/15/2008

() Change () Addition