## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000012062

City-St-Zip:

FILED Jan 19, 2008 Secretary of State

Entity Name: ONE CLICK AT A TIME, INC.				
Current Principal Place of Business:		New Principal Place of Business:		
	NDARIN RD IVILLE, FL 32223			
Current N	lailing Address:	New Mailing Address:		
	NDARIN RD IVILLE, FL 32223			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
12668 MA	KATHLEEN K NDARIN RD IVILLE, FL 32223 US			
	e named entity submits this statement for the e of Florida.	purpose of changing its registered	I office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete MASON, KATHLEEN 12668 MANDARIN RD JACKSONVILLE, FL 32223	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete MORRIS, PATRICK 3037 CROSBY LN JACKSONVILLE, FL 32216	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete MASON, SARAH 12668 MANDARIN RD JACKSONVILLE, FL 32223	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete CONKEY, JASON 2661 COLLEGE ST JACKSONVILLE, FL 32204	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	( ) Delete	Title: D Name: MASON, WIL		

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.

City-St-Zip:

JACKSONVILLE, FL 32223

SIGNATURE: KATHLEEN K.MASON 01/19/2008 D