2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

Daytime Phone #

South Principal Place of Business	1. Entity Nam	MENT # N31615 RANDAS ONE, INC.					5-03-2006 9	0232 02	.0 01	.23
Suite. Apt. II, etc. Suite. Apt. II, etc. Suite. Apt. II, etc. City & State City & State A. FEI Number 65-0125428 Applied For 65-0125	4400 EL CO	NQUISTADOR PKWY	4400 EL CONQUISTAD Ste. #1		,		!		TII BFBII <u>4</u> 1411 411	
City & State Country St. Certificate of Status Desired St. 75 Additional File Reported Agent Name Name Name Name Name City & FL Zip Code	2. Principal Place of Business		3. Mailing Address							
Secretary Zip Country Zip Country Secretary Secretar	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282006 CI	hg-NP	CR2E0	37 (11/05)		
S. Certificate of Status Desired For Required F	City & State		City & State							
HARMONY MANAGEMENT 4400 EL CONQUISTADOR PKWY BRADENTON, FL 34210 City FL Zip Code	Zip	Country	Zip	Coul	ntry	5. Certificate of St	tatus Desired			
HARMONY MANAGEMENT 4400 EL CONCUISTADOR PKWY BRADENTON, FL 34210 City FL Zip Code 8. 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. I am lamiliar with, and accept the debigations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the debigations of registered agent. SIGNATURE Filting Foe is \$61.25 Due by May 1, 2006 Poetral hipset or printed name of registered agent agent and agent and the space and agent agent and agent a		6. Name and Address of Current F	Registered Agent		Name	7. Name and Add	Iress of New R	egistered .	Agent	
BRADENTON, FL 34210 City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State Description Descri	l "			-						
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SIGNATURE Signature, hyber or printed name of replatered agent and offer it explanable. (INDIE Registered Agent signature depended when reneating) DATE			the purpose of changing it	l ts registere	ed office or regis	stered agent, or both, in	the State of Flo		familiar with,	and accept
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