

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N95000004852 1. Entity Name ONE WORLD ADOPTION SERVICES, INC.	
--	---

Principal Place of Business 400 FAIRWAY DR SUITE 107 DEERFIELD BEACH, FL 33441 US	Mailing Address 400 FAIRWAY DR SUITE 107 DEERFIELD BEACH, FL 33441 US
--	--



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0619159	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KASKY, ROBERT A 400 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAK, RICHARD R. 9680 ENCHANTED POINTE LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS KASKY, JEFFREY A 4421 WOODFILL BLVD BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT KASKY, ROBERT A 400 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANZANSKY, CAROLYN 6367 NW 26TH TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHAN, DAVID 2699 STIRLING RD., SUITE B-100 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, SUSAN 3642 SW 25 TERRACE MIAMI, FL 33133

UD00000604042
01/29/07-80036-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A. KASKY, Esq 012307 954 596-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #