2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001529

FILED May 24, 2007 Secretary of State

Entity Name: ONE-ELEVEN MAIN STREET CORP.

Current P	rincipal Place of Business:	New Principal Plac	ce of Business:
	O AVENUE		
10. 204 DUNFDIN	l, FL 34698		
	Mailing Address:	New Mailing Addre	ess:
	•	J	
NO. 204	D AVENUE I, FL 34698		
	,		
n accordan	nce with s. 607.193(2)(b), F.S., the corporation did not re	FEI Number Not Applicable () ceive the prior notice.	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address	s of New Registered Agent:
NO. 204 DUNEDIN	D AVENUE I, FL 34698 US e named entity submits this statement for the purp	oose of changing its registe	ared office or registered agent, or hot
he above	s named entity submits this statement for the purp	ose of changing its registe	rea office of registered agent, or bot
he above n the Stat	e of Florida.	ooc of changing its registe	orea office of registered agent, or both
The above n the Stat SIGNATU	e of Florida. RE:	or changing its registe	orea office of registered agent, of both
n the Stat	e of Florida.	or changing its registe	Date
n the Stat	e of Florida. RE:		
n the Stati BIGNATU DFFICER Title: lame: .ddress:	e of Florida. RE:Electronic Signature of Registered Agent		Date
n the Stati SIGNATU DFFICER itle: lame: ddress: itty-St-Zip: itle: lame: ddress:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PSTD () Delete LONG, LAURA 1113 OHIO AVENUE, NO. 204	ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECT
n the Stat	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PSTD () Delete LONG, LAURA 1113 OHIO AVENUE, NO. 204 DUNEDIN, FL 34698 D () Delete CASTANEIRA, ALFONSO 207 NORTH BAY HILLS BLVD	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IGES TO OFFICERS AND DIRECT () 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.

SIGNATURE: LAURA LONG PSTD 05/24/2007