

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000049168

FILED
Nov 27, 2006
Secretary of State**Entity Name:** 1 NATION INVESTMENT CORPORATION**Current Principal Place of Business:**4027 TAMPA ROAD
SUITE 3000
OLDSMAR, FL 34677**New Principal Place of Business:****Current Mailing Address:**4027 TAMPA ROAD
SUITE 3000
OLDSMAR, FL 34677**New Mailing Address:****FEI Number:** 59-3647477**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KEY, DAVID
4027 TAMPA ROAD
SUITE 3000
OLDSMAR, FL 34677 US**Name and Address of New Registered Agent:**JOHN H. RAINS III, P.A.
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 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: JOHN H. RAINS, III

11/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: MCKAY, RICHARD E
Address: 4027 TAMPA ROAD SUITE 3000
City-St-Zip: OLDSMAR, FL 34677**Title:** D () Delete
Name: JAFFE, MICHAEL S
Address: 4027 TAMPA ROAD SUITE 3000
City-St-Zip: OLDSMAR, FL 34677**Title:** D (X) Delete
Name: KEY, DAVID B
Address: 4027 TAMPA ROAD SUITE 3000
City-St-Zip: OLDSMAR, FL 34677**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA ALBEE, AUTHORIZED REPRESENTATIVE

AR

11/27/2006

Electronic Signature of Signing Officer or Director

Date