## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # P02000007161** 1. Entity Name ONE ASH, INC. Principal Place of Business Malling Address 103 WILSON RD 103 WILSON RD W PALM BCH, FL 33406 W PALM BCH, FL 33406 04092007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1529247 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DURANKO, BRIAN J 103 WILSON RD W PALM BCH, FL 33406 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DURANKO, BRIAN J NAME STREET ADDRESS 103 WILSON RD CITY-ST-ZIP W PALM BCH, FL 33406 TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7iP TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000710849 - 04/25/07-80060-019 150.00

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 ceth; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Brian Juranto

4/9/07

561-683-5972

Daytime Phone #

**FILED**