

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043519

FILED
Apr 13, 2004
Secretary of State

Entity Name: MARK ONE RESOURCES, INC.

Current Principal Place of Business:

1409 SW GOODMAN AVE.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

108 SW PEACOCK BLVD.
APT. 203
PORT ST. LUCIE, FL 34986

Current Mailing Address:

PO BOX 7223
PORT ST. LUCIE, FL 34953

New Mailing Address:

PO BOX 7223
PORT ST. LUCIE, FL 34985

FEI Number: 33-1006785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LYNDA
1409 SW GOODMAN AVE.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

WILLIAMS, LYNDA
108 SW PEACOCK BLVD.
APT. 203
PORT ST. LUCIE, FL 34986 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:

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WILLIAMS, EDWARD
Address: 1409 SW GOODMAN AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: P () Delete
Name: WILLIAMS, LYNDA
Address: 1409 SW GOODMAN AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: WILLIAMS, EDWARD
Address: 108 SW PEACOCK BLVD., APT. 203
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P (X) Change () Addition
Name: WILLIAMS, LYNDA
Address: 108 SW PEACOCK BLVD., APT. 203
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNDA WILLIAMS

PRES

04/13/2004

Electronic Signature of Signing Officer or Director

Date