## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2007 08:00 Al Secretary of State

HAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654  TITLE NAME STREET ADDRESS CITY-ST-ZIP NONASTAR, JIM 9616 DELRAY DRIVE NEW PORT RICHEY, FL 34654  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P03000082348  1. Entity Name ONESTAR OF NEW PORT RICHEY, INC.					Secretary of Sta					
NEW PORT RICHEY, FL 34654   NEW PORT RICHEY, FL 34654	Principal Plac	e of Business	Mailing Address								
Suite, Apt. #, etc.  City & State  Country  S. Cardicate of Status Desired   \$8.75 Additional Fee Required Agent   \$8.75 Additional Fee Re	9616 DELRA New Port R	Y DRIVE ICHEY, FL 34654				4					
Suite, Apt. #, etc.  City & State  Country  S. Cardicate of Status Desired   \$8.75 Additional Fee Required Agent   \$8.75 Additional Fee Re	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
A FEI Number	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02022007	Cha B	CBSE034	(42/06)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Zip	City & State	0	City & State			Crig-F	CRZE034	<u> </u>	oplied For		
Summary   Summ							302		No	ot Applicable	
BLENNER, WALTER W ESQ 2708 ALT. 19 NORTH SUITE 701 PALM HARBOR, FL 34683    City   FL   Zip Code	Zıp 	Country	Zip	Country		5. Certificate of	Status Desired				
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Age	ent		
PALM HARBOR, FL 34883    City   FL   Zip Code					<u></u>	703.1	(	. 1			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptine obligations of registered agent.  SIGNATURE    Signature, hond or printed name of registered agent and blank above; printed name of registered agent agent and blank above; printed name of registered agent agent and blank above; printed name of registered agent agent and blank above; printed name of registered agent, or both, in the State of Florida. I am familiar with, and accepting the printed name of registered agent, or both, in the State of Florida. I am familiar with, and accepting the printed name of registered agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. I am familiar with, and accepting agent, or both, in the State of Florida. In a familiar with, and accepting agent, or both, in the State of Florida. In a familiar with, and accepting agent, or both and accepting agent, or both and accepting agent, or both and acce					Street Address (	Street Address (P.O. Box Number is Not Acceptable)					
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FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIIIE DP			or the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	orida. I am fan	uliar with,	and accept	
After May 1, 2007 Fee will be \$550.00	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E Registere	d Agent signatura required	when reinstating)		DATE	····-		
TITLE			T 45								
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						1:- 0	Mada Otto to 1	further === '	that the	afarmet ==	