


**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000082348</b>			
1. Entity Name ONESTAR OF NEW PORT RICHEY, INC.			
Principal Place of Business 9616 DELRAY DRIVE NEW PORT RICHEY, FL 34654		Mailing Address 9616 DELRAY DRIVE NEW PORT RICHEY, FL 34654	
<b>DO NOT WRITE IN THIS SPACE</b>			
			02222008 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-0117802	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BLENNER, WALTER W ESQ 2708 ALT. 19 NORTH SUITE 701 PALM HARBOR, FL 34683		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000857123 03/31/08-80001-016 150.00
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP MONASTAR, JIM 9616 DELRAY DRIVE NEW PORT RICHEY, FL 34654		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DST MONASTAR, CINDY 9616 DELRAY DRIVE NEW PORT RICHEY, FL 34654		
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jim Monastar</i> JIM MONASTAR		Date: <i>3/10/08</i>	Daytime Phone #: <i>727-849-1440</i>