## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000116130

1. Entity Name

ONLY 1 FOUNDATION, INC.



Principal Place of Business

3175 CLEWISTON ST. DELTONA, FL 32738 Mailing Address

3175 CLEWISTON ST. DELTONA, FL 32738 FILED Apr 11, 2007 08:00 All Secretary of State



## DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0314358

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAND, LEONARD G 3175 CLEWISTON ST. DELTONA, FL 32738

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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)			
	LE NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND DIRECTORS		( )
TITLE	PVPS		

SAND, LEONARD G NAME STREET ADDRESS 3175 CLEWISTON STREET DELTONA, FL 32738 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

V00000700812 04/20/07-80032-012 150.00

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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

STORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07

407-415-4839

Daylime Phone #