2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016056

19930 NW 9 DRIVE

PEMBROKE PINES, FL 33029

Address:

City-St-Zip:

Entity Name: THREE IN ONE, INC.

FILED Apr 30, 2007 Secretary of State

Entity Na	me: IHKEEI	N ONE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	150 STREET, KA, FL 33054	US			
Current Mailing Address:			New Mailing Address:		
19930 NW PEMBRO	/ 9 DRIVE KE PINES, FL	33029 US			
FEI Number	: 54-2142212	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
AB CONSULTING & ACCOUNTING SERVICES, INC 160 NE 176TH STREET #203 MIAMI, FL 33169 US			1428 NE 163RD STRE	AB CONSULTING & ACCOUNTING SERVICES, INC 1428 NE 163RD STREET MIAMI, FL 33162 US	
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: ANIS BLI	EMUR		04/30/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KING, CHRIST 19930 NW 9 D		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KING, CHRIST 19930 NW 9 D		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KING, CHRIST 19930 NW 9 D		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T (KING, CHRIST) Delete OPHER	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER KING P 04/30/2007