


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

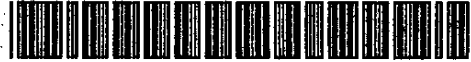
03-02-2006 90012 030 \*\*\*150.00

**DOCUMENT # P04000033789**  
 1. Entity Name  
**FINANCIAL ONE CORPORATION OF AMERICA**



Principal Place of Business      Mailing Address  
**736 - 6TH STREET WEST**      **736 - 6TH STREET WEST**  
**TIERRA VERDE, FL 33715**      **TIERRA VERDE, FL 33715**

2. Principal Place of Business      3. Mailing Address



6105 Bahia del Mar Circle #283  
 St. Petersburg, FL 33715

2272006    Chg-P    CR2E034 (11/05)

FEI Number      Applied For  
**43-2053303**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**BAKER, BILLIE P**  
**736 - 6TH STREET WEST**  
**TIERRA VERDE, FL 33715**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6105 Bahia del Mar Circle #283**  
**St. Petersburg, FL 33715**      L      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAKER, CARLOS F 736 - 6TH STREET WEST TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6105 Bahia del Mar Circle #283 St. Petersburg, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAKER, BILLIE P 736 - 6TH STREET WEST TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6105 Bahia del Mar Circle #283 St. Petersburg, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, DAVID M 3606 KING GEORGE DR. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carlos F. Baker*      02-28-06      727-866-8363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*CARLOS F. Baker, President*