



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 736-6TH STREET WEST TIERRA VERDE, FL 33715		Mailing Address 736-6TH STREET WEST TIERRA VERDE, FL 33715	
2. Principal Place of Business		3. Mailing Address	
State Art # etc 6105 Bahia del Mar Circle #283 St. Petersburg, FL 33715		6105 Bahia del Mar Circle #283 St. Petersburg, FL 33715	
Zip		Country	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>	
FEI Number 43-2053303		Applied For Not Applicable	
2272006 Chg-P		CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BAKER, BILLIE P 736-6TH STREET WEST TIERRA VERDE, FL 33715		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6105 Bahia del Mar Circle #283 St. Petersburg, FL 33715 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete 736 - 6TH STREET WEST TIERRA VERDE, FL 33715	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 <input type="checkbox"/> Delete 736 - 6TH STREET WEST TIERRA VERDE, FL 33715	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 <input type="checkbox"/> Delete 3606 KING GEORGE DR. ORLANDO, FL 32835	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: 		Date: 02-28-06 727-866-8363	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARLOS F. Baker, President		Date Daytime Phone #	