

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90051 029 \*\*\*150.00

40060040



02012007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000033789</b>			
1. Entity Name <b>FINANCIAL ONE CORPORATION OF AMERICA</b>			
Principal Place of Business <b>6105 BAHIA DEL MAR CIR 203 TIERRA VERDE, FL 33715</b>		Mailing Address <b>6105 BAHIA DEL MAR CIR 203 TIERRA VERDE, FL 33715</b>	
2. Principal Place of Business - No P.O. Box # <b>300 Beach Drive NE #1702 St. Petersburg, FL 33701</b>		3. Mailing Address <b>300 Beach Drive NE #1702 St. Petersburg, FL 33701</b>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>43-2053303</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BAKER, BILLIE P 6105 BAHIA DEL MAR CIR 203 TIERRA VERDE, FL 33715</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>300 Beach Drive NE #1702 St. Petersburg, FL 33701</b> Zip Code <b>33701</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAKER, CARLOS F 6105 BAHIA DEL MAR CIR 203 TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Beach Drive NE #1702 St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAKER, BILLIE P 6105 BAHIA DEL MAR CIR 203 TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Beach Drive NE #1702 St. Petersburg, FL 33701
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
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: <u>Carlos F. Baker</u>		Date: <u>02-14-07</u> 727-896-8363 Daytime Phone #	
CARLOS F. BAKER			