2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000066026

1. Entity Name

MORGANTOWN ONE-PERCENT, INC.



Principal Place of Business

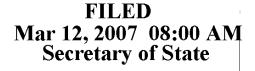
1555 PALM BEACH LAKES BLVD.

SUITE 1100 WEST PALM BEACH, FL 33401 Mailing Address

C/O FLORIDA MANAGEMENT COMPANY

P.O. BOX 3267

WEST PALM BEACH, FL 33402





01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0505871

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registared agent and title if applicable (NOTE Registered Agent signature required when renstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			J	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECCLESTONE, E. LLWYD 8895 NORTH MILITARY TRAIL, STE 101B PALM BEACH GARDENS, FL 33410					
TITLE Name Street address City-St-Zip	DEVT COOPER, RON 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401			U00000664089 03/22/07-80029-017 158.75		
TITLE Name Street Aodress City-St-Zip	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401			DO NOT WRITE		
TITLE Name Street Address City-St-Zip				IN ⁻	THIS SPACE	
TITLE Name Street address City-St-Zip					·	
TITLE Name Street address City-St-Zip						
12. I hereby of indicated	ertify that the information supplied with this fi on this report or supplemental report is true a	ling does not qualify for the exe	mptions con ure shall hav	tained in Chapter 119 e the same legal effec	Florida Statutes. I further certify that the information of as if made under eath; that I am an officer or director.	

12. I hereby certify that the information supplied with this filling 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 is properly in the paper 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: __

CHA THEE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECT

39/07

Daytime Phone #