

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090422

Entity Name: ONE RATE HOSTING INC

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

4070 WAR ADMIRAL RD
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

C/O RAPPAPORT TAX SERVICES LLC
9770 BAYMEADOWS RD # 133
JACKSONVILLE, FL 32256

New Mailing Address:

C/O RAPPAPORT TAX SERVICES LLC
9770 BAYMEADOWS RD # 127
JACKSONVILLE, FL 32256

FEI Number: 20-1228203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPPAPORT TAX SERVICES LLC
9770 BAYMEADOWS RD # 133
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

RAPPAPORT TAX SERVICES LLC
9770 BAYMEADOWS RD # 127
JACKSONVILLE, FL 32256 US

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.

SIGNATURE:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COPELAND, CHARLENE
Address: 9770 BAYMEADOWS RD # 133
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: HOWARD, ANNETTE
Address: 9770 BAYMEADOWS RD # 133
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COPELAND, CHARLENE
Address: 9770 BAYMEADOWS RD # 127
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: HOWARD, ANNETTE
Address: 9770 BAYMEADOWS RD # 127
City-St-Zip: JACKSONVILLE, FL 32256

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.

SIGNATURE: ANNETTE HOWARD

DIR

04/18/2009

Electronic Signature of Signing Officer or Director

Date