2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106833

Entity Name: ACCUSERVE ONE, INC.

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 30435 COMMERCE DRIVE SUITE 102 SAN ANTONIO, FL 33576 **New Mailing Address: Current Mailing Address:** 30435 COMMERCE DRIVE PO BOX 1337 SUITE 102 SAN ANTONIO, FL 33576 SAN ANTONIO, FL 33576 FEI Number: 20-1388524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAKAR, KEVIN MAKAR, LISA 30435 COMMERCE DRIVE SUITE 102 30435 COMMERCE DRIVE SUITE 102 SAN ANTONIO, FL 33576 SAN ANTONIO, FL 33576 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: LISA MAKAR 01/11/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MAKAR, KEVIN Name: Name: MAKAR, LISA 30435 COMMERCE DRIVE SUITE 102 30435 COMMERCE DRIVE SUITE 102 Address: Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: SAN ANTONIO, FL 33576 Title: VΡ Title: VΡ () Delete (X) Change () Addition Name: MAKAR, LISA Name: MAKAR, KEVIN 30435 COMMERCE DRIVE SUITE 102 30435 COMMERCE DRIVE SUITE 102 Address: Address: SAN ANTONIO, FL 33576 SAN ANTONIO, FL 33576 City-St-Zip: City-St-Zip: Title: (X) Delete Title: VΡ () Change () Addition MAKAR, JANICE Name: Name: 30435 COMMERCE DRIVE SUITE 102 Address: Address: SAN ANTONIO, FL 33576 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition MAKAR, LISA Name: Name: 30435 COMMERCE DRIVE SUITE 102 Address: Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN MAKAR VP 01/11/2006