FILED Apr 10, 2006 08:00 AM Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000115974 t. Entity Name WRIGHT ONE, INC. Mailing Address Principal Place of Business 16017 N. FLORIDA AVE., #110 16017 N. FLORIDA AVE., #110 LUTZ, FL 33549 LUTZ, FL 33549 CR2E034 (11/05) 04062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1469533 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent GREGORY, WILLIAM P DO NOT WRITE 715 SWANN AVENUE **TAMPA, FL 33606** IN THIS SPACE 8. The above named entity submits this statement tor 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. DATE Signature, typed or printed name of registered agent and title it applicable fNOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE WRIGHT, VINCENT E NAME U00000498932 04/24/06-90009-013 150.00 STREET ADDRESS 16017 N. FLORIDA AVE., #110 CITY-ST-ZIP LUTZ, FL 33549 7181 F STREET ADDRESS CITY-ST-ZIP titt F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CUTY-ST- ZIP SILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Plorida 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:

NAME STREET ADDRESS CITY - SY-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/6/06

813-714-9556

Daytime Phone #