

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000162901		
1. Entity Name SDS ONE, INC.		
Principal Place of Business 1086 NUNA AVENUE FORT MYERS, FL 33905	Mailing Address 1086 NUNA AVENUE FORT MYERS, FL 33905	
DO NOT WRITE IN THIS SPACE		
		04112006 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-2250344
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPEER, LINDA S 1086 NUNA AVENUE FORT MYERS, FL 33905		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000536133 05/08/06-80083-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SPEER, STEPHEN D 1086 NUNA AVENUE FORT MYERS, FL 33905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SPEER, LINDA S 1086 NUNA AVENUE FORT MYERS, FL 33905	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-21-06 239-334-9190 Date Daytime Phone #