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Secretary of State

05-04-2006 90248 022 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000046535

1. Entity Name
ONE 2 ONE ULTIMATE ALLSTARS, INC.

Principal Place of Business	Mailing Address
545 ROSEWOOD COURT - APT A INDIAN HARBOR BEACH, FL 32937	545 ROSEWOOD COURT - APT A INDIAN HARBOR BEACH, FL 32937

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
682 Americana Blvd	682 Americana Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay Florida	City & State: Palm Bay Florida
Zip: 32907 Country: USA	Zip: 32907 Country: USA

4. FEI Number: 01-0827-7476 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAY, STEPHANIE
545 ROSEWOOD COURT - APT A
INDIAN HARBOR BEACH, FL 32937

7. Name and Address of New Registered Agent
Name: Trina Rosado
Street Address (P.O. Box Number Is Not Acceptable): 682 Americana Blvd NE
City: Palm Bay FL Zip Code: 32907

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: Trina-Michelle Rosado Trina-Michelle Rosado 4/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAY, STEPHANIE , Vice-President 545 ROSEWOOD COURT - APT A INDIAN HARBOR BEACH, FL 32937 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rosado, Trina-Michelle 682 Americana Blvd NE Palm Bay, FL 32907 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/24/06 321-773-1829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #