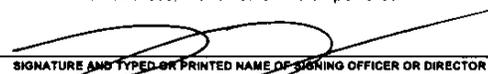


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90228 023 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # P05000053271</b>   |  |                                    |   |
| 1. Entity Name<br><b>ONE AND THREE ACQUISITION, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>9428 BAYMEADOWS RD SUITE 120<br/>JACKSONVILLE, FL 32256</b>  |  | Mailing Address<br><b>9428 BAYMEADOWS RD SUITE 120<br/>JACKSONVILLE, FL 32256</b>                                   |   |
| 2. Principal Place of Business   |  | 3. Mailing Address<br><b>P. O. Box 706</b>  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State<br><b>Fernandina Beach, FL</b>   |   |
| 4. FEI Number<br><b>20-2658092</b>   |  | Applied For<br>Not Applicable   |   |
| Zip  | Country                                  | Zip   | Country   |
|  |  | <b>32035</b>  | <b>USA</b>  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent   |   |
| <b>MOCK, WILLIAM J<br/>9428 BAYMEADOWS RD SUITE 120<br/>JACKSONVILLE, FL 32256</b>   |  | Name  |   |
|  |  | Street Address (P.O. Box Number is Not Acceptable)  |   |
|  |  | City  |   |
|  |  | <b>FL</b>   | Zip Code  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE  | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>MOCK, WILLIAM J</b>                   | NAME  |   |
| STREET ADDRESS   | <b>9428 BAYMEADOWS RD SUITE 120</b>      | STREET ADDRESS  |   |
| CITY-ST-ZIP  | <b>JACKSONVILLE, FL 32256</b>            | CITY-ST-ZIP   |   |
| TITLE  | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>TREVETT, HARRY R</b>                  | NAME  |   |
| STREET ADDRESS   | <b>9428 BAYMEADOWS RD SUITE 120</b>      | STREET ADDRESS  |   |
| CITY-ST-ZIP  | <b>JACKSONVILLE, FL 32256</b>            | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME  |   |
| STREET ADDRESS   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME  |   |
| STREET ADDRESS   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME  |   |
| STREET ADDRESS   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME  |   |
| STREET ADDRESS   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |   |
| 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:    |  | Date: <b>4/24/06</b> Daytime Phone #: <b>904 261 8822</b>   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date Daytime Phone #</small>   |   |

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01042006 Chg-P CR2E034 (11/05)