2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 13, 2007 8:00 am Secretary of State DOCUMENT # P05000129060 02-13-2007 90008 006 ***150 00 1. Entity Name EXPRESS ONE INTERNATIONAL HOLDING, INC. Principal Place of Business Mailing Address 1682 HANGAR RD 1682 HANGAR RD SANFORD FL 32773 SANFORD FL 32773 2. Principal Place of Business - No P.O. Box # 1890 State ROAd 436 1890 State 1st MOORE CR2E034 (10/06) CASCAde 4. FEI Number Applied For 42-1679787 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAY, RONALD W Street Address (P.O. Box Number is Not Acceptable) 1682 HANGAR RD SANFORD FL 32773 Zip Code **3 スク**タン 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 agont. 2-05-2007 SIGNATURE INOTE. Registered Agent signature registed when reinstating i FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THIE IIII Delete ☐ Change Addition KUCHTA, JOE D NAME NAME 1682 HANGAR RD STREET ADDRESS STREET ADDRESS SANFORD FL 32773 CHY-ST-ZIP CITY - ST - ZIP VP. ☐ Delete THUE ши ☐ Change ☐ Addition GRAY, RONALD W NAME NAME 1682 HANGAR RD STREET ADDRESS STREET ADDRESS SANFORD FL 32773 CHY ST ZIP CHY SI-74P Cirange - Addition HELTON, STANLEY NAME NAMÉ 1682 HANGAR RD STREET ADDRESS STREET ADDRESS SANFORD FL 32773 CHY ST 7P CITY ST. 7IP ☐ Delete TILLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-ZIP ☐ Delete TITLE Addition THUE ☐ Change NAME. NAME STREET ADDRESS STREET ADORESS CITY-S1-7IP CITY ST-ZIP UILE Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true-jee 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 life empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED