2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2007
Secretary of State

DOCUMENT# P06000070397

Entity Name: ONE CASA CORPORATION

Current Principal Place of Business:

832 SE CHALOUPE AVENUE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

10 N. SEWALLS POINT RD.
STUART, FL 34996 US

Current Mailing Address:

832 SE CHALOUPE AVENUE
PORT ST. LUCIE, FL 34983

New Mailing Address:

10 N. SEWALLS POINT RD.
STUART, FL 34996 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTLEY, JAMES A
439 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANDERSON, WILLIAM S
Address: 832 SE CHALOUPE AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP ( ) Delete
Name: ANDERSON, CATHERINE A
Address: 832 SE CHALOUPE AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANDERSON, WILLIAM S
Address: 10 N. SEWALLS POINT RD.
City-St-Zip: STUART, FL 34996 US

Title: VP (X) Change ( ) Addition
Name: ANDERSON, CATHERINE A
Address: 10 N. SEWALLS POINT RD.
City-St-Zip: STUART, FL 34996 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S. ANDERSON P 08/15/2007
Electronic Signature of Signing Officer or Director Date