2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090807

Entity Name: AVE ONE STUDIOS, INC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

937 CEDAR STREET
7
134 EAST 9TH STREET
JACKSONVILLE, FL 32206

JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

PO BOX 5176 JACKSONVILLE, FL 32207

FEI Number: 20-5179054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONE, DAVID W
937 CEDAR STREET
SUITE 7
JACKSONVILLE, FL 32207 US

CONE, DAVID W
134 EAST 9TH STREET
JACKSONVILLE, FL 32206 US

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: DAVID W. CONE 03/23/2009

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

JACKSONVILLE, FL 32207

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32206

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 CONE, DAVID W
 Name:
 CONE, DAVID W

 Address:
 937 CEDAR STREET UNIT 7
 Address:
 134 EAST 9TH STREET

Address: 937 CEDAR STREET UNIT 7 Address: 134 EAST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32206

Title: VP () Delete Title: VP (X) Change () Addition Name: DAVIS, RACHEL L Name: DAVIS, RACHEL L Address: 937 CEDAR STREET UNIT 7 Address: 134 EAST 9TH STREET

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: DAVID W. CONE P 03/23/2009