## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000105121

Entity Name: COLLISION ONE, INC.

PORT ST. LUCIE, FL 34953

City-St-Zip:

FILED Jul 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3962 NE 5TH TERR OAKLAND PARK, FL 33334 **Current Mailing Address: New Mailing Address:** 1034 SW BIANCA AVENUE PORT ST. LUCIE, FL 34953 FEI Number: 20-5414398 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: SOLOMON, MARC I 1160 S. ROGERS CIRCLE SUITE 2 BOCA RATON, FL 33487 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MANN, WILLIAM C Name: Name: 1034 SW BIANCA AVENUE Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: VP,D () Delete Title: () Change () Addition THOMPSON, SHAWN M Name: Name: 1034 SW BIANCA AVENUE Address: Address:

City-St-Zip:

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: SHAWN M. THOMPSON VP.D 07/07/2008