2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

DOCUMENT # P94000073595 1. Entity Name SPLASH ONE, INC.		Secretary of State
Principal Place of Business 2031 SW 98TH TERRACE FORT LAUDERDALE, FL 33324 Principal Place of Business Mailing Address 2031 SW 98TH TERRACE FORT LAUDERDALE, FL 33324	4	
DO NOT WRITE IN THIS SPA	CE	03142006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S5-0521695 Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
AYLOR, SHIRLEY 2031 SW 98TH TERRACE FORT LAUDERDALE, FL 33324		DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and lids if applicable NOTE Registered Agent signature required when reinstaticip) DATE		
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees
10. OFFICERS AND DIRECTORS ITTLE PD NAME AYLOR, SHIRLEY STREET ADDRESS CHY-SI-ZIP FORT LAUDERDALE, FL 33324 ICILE NAME SIREET ADDRESS CHY-SI-ZIP ITTLE NAME SIREET ADDRESS CITY-SI-ZIP ITTLE NAME STREET ADDRESS CITY-SI-ZIP		04/14/06 00025-019 150.00 DO NOT WRITE IN THIS SPACE
CITY-SI-ZIP ITILE HAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP		
12. Thereby certify that the information supplied with this filing-sices not qualify for the exemptions contained in Chapter 113, 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 attrachment with an address, with all plays like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TIPED OR PRINTED IN AME OF SIGNING OFFICER OR DIRECTOR Days There are the information supplied with this tiling-sices not qualify for the exemptions contained in Chapter 113, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that I have the exemptions contained in Chapter 119, Florida Statutes. I further certify that I have the exemptions of the exemption of the receiver or trustee and that I have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee and that I have the exemptions of the exemption of the corporation of the receiver of the corporation of the receiver of the corporation of the exemption of the corporation of the corporation of the exemption of the corporation of the exemption o		