

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021892

FILED
Jan 04, 2007
Secretary of State

Entity Name: ONE PLUS ONE SYSTEMS, INC.

Current Principal Place of Business:

P.O. BOX 1068
JUPITER, FL 33469

New Principal Place of Business:

1662 N. US HIGHWAY 1 SUITE C
JUPITER, FL 33469

Current Mailing Address:

P.O. BOX 1068
JUPITER, FL 33469

New Mailing Address:

1662 N US HIGHWAY 1 SUITE C
JUPITER, FL 33469

FEI Number: 65-0569075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG, JACQUELYN
1662 N. US HIGHWAY 1 S-C
JUPITER, FL 33469 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNG, JACQUELYN
Address: 1662 N. US HIGHWAY 1 S-C
City-St-Zip: JUPITER, FL 33469

Title: S () Delete
Name: ADELSTEIN, ROBERT
Address: 1662 N. US HIGHWAY 1 S-C
City-St-Zip: JUPITER, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUELYN YOUNG

P

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date