## **2007 FOR PROFIT CORPORATION**

**ANNUAL REPORT** DOCUMENT # P95000050621 1. Entity Name FELIXONE, INC. Principal Place of Business Mailing Address 3115 TYRONE BLVD. PO BOX 41381 ST. PETERSBURG, FL 33710 ST PETERSBURG, FL 33743 04202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0613315 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FRANCIS, JEFFREY S DO NOT WRITE 121 SUNSET DR N ST. PETERSBURG, FL 33710 IN THIS SPACE

**FILED** Apr 30, 2007 08:00 A Secretary of State



Applied For Not Applicable \$8.75 Additional Fee Required

SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Agent signatur	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000744682 05/15/07-80159-001 150.00		
10.	OFFICERS AND DIREC	TORS	· · · · · · · · · · · · · · · · · · ·	<del></del>		
TITLE NAME STREET ADDRESS CITY+ST+ZIP	PSD FRANCIS, JEFFREY S 121 SUNSET DR. N ST. PETERSBURG, FL 33710					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
ITLE IAME STREET ADDRESS CITY+ST+ZIP			DO NOT WRITE			
ITLE IAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE		
ITLE NAME STREET ADDRESS DITY-ST-ZIP-						
ITLE IAME STREET ADDRESS SITY-ST-71P	1					

8. 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

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 altao ith an address, with all other like empowered.

SIGNATURE:

the obligations of registered agent.