

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000006916

FILED
Apr 28, 2005
Secretary of State

Entity Name: ONE HUNDRED PERCENT, INC.

Current Principal Place of Business:

185 CYPRESS POINT PKWY
SUITE 4
PALM COAST, FL 32164

New Principal Place of Business:

New Mailing Address:

103 BRUSHWOOD LANE
PALM COAST, FL 32137

Current Mailing Address:

185 CYPRESS POINT PKWY
SUITE 4
PALM COAST, FL 32164

FEI Number: 59-3488910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOST, MARK
185 CYPRESS POINT PKWY
SUITE 4
PALM COAST, FL 32164 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: V () Delete
Name: VOST, MARK
Address: 103 BRUSHWOOD LANE
City-St-Zip: PALM COAST, FL 32137

Title: P () Delete
Name: NIEMINEN, SCOTT K
Address: 18 FANWOOD CT
City-St-Zip: PALM COAST, FL 32137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P\S (X) Change () Addition
Name: VOST, MARK
Address: 103 BRUSHWOOD LANE
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change () Addition
Name: VINNICK, BRUCE A
Address: 17 RIVER OAKS WAY
City-St-Zip: PALM COAST, FL 32137

Title: TRES () Change (X) Addition
Name: CORLISS, LARRY
Address: 9151 JUNE LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK VOST

P\S

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date