2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000006916

Address:

City-St-Zip:

9151 JUNE LANE

ST. AUGUSTINE, FL 32080

FILED Apr 13, 2008 Secretary of State

Entity Nar	me: ONE HUI	NDRED PERCENT, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
185 CYPRESS POINT PKWY SUITE 4 PALM COAST, FL 32164				103 BRUSHWOOD LANE PALM COAST, FL 32137	
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
	HWOOD LAN AST, FL 3213				
FEI Number:	: 59-3488910	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
VOST, MARK 185 CYPRESS POINT PKWY SUITE 4 PALM COAST, FL 32164 US				VOST, MARK 103 BRUSHWOOD LANE PALM COAST, FL 32137 US	
	named entity se of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			04/13/2008	
	Electror	ic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P\S () VOST, MARK 103 BRUSHWO PALM COAST,		Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () VINNICK, BRUG 17 RIVER OAK PALM COAST,	S WAY	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	TRES (X CORLISS, LAR) Delete RY	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARK R. VOST P/S 04/13/2008