2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 10, 2005 08:00 AM Secretary of State

DOCUMENT # P98000083189 1. Entity Name EXAMS ONE, INC.					Secre	etary o	f State
Principal Place of Business 9954 ARNOLD ROAD JACKSONVILLE, FL 32246 US Mailing Address 9954 ARNOLD ROAD JACKSONVILLE, FL 32246 US JACKSONVILLE, FL 32246 US					Ir inida itdir enim atlih orah ta	EINI FOCON SING IINEF N	ALIM TRIJUMĀS IE AUMI
34hkm							
, C	OO NOT WRITE II	CE	01102005 4. FEI Numb 59-353	96r 35038	CR2E034 (10/	Applied For Not Applicable	
	6. Name and Address of Current Regis	year of the second	5. Certificate	of Status Desired	Fee Rec		
EDDINS, KITTEN 9954 ARNOLD ROAD JACKSONVILLE, FL 32246			DO NOT WRITE IN THIS SPACE				
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 the obligations of registered agent. SIGNATURE.							
Signature, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature requ				d when reinstating)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees	00000022 02/10/05-80		150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ÖFFICERS AND DIRE D ZUKUS, LYNN 9954 ARNOLD ROAD JACKSONVILLE, FL 32246	ctors	A to determinate				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- , ,	· , , , ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					***************************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_					
12. I hereby indicated of the cor changed	certify that the information supplied with this is on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachmen with an address, with a	iting does not qualify for the exe and accurate and that my signa d to execute this report as requ I other like empowered.	emption stated in Se ature shall have the fred by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statuti	(i), Florida Statutes, I fur ct as if made under oath es; and that my name ap	rther certify that h, that I am an of ppears in Block	the information ficer or director 10 or Block 11 if