2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088140

1. Entity Name
AMERICA ONE REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
19823 GULF BLVD SUITE C INDIAN SHORES, FL 33785	19823 GULF BLVD SUITE C INDIAN SHORES, FL 33785

DO NOT WRITE IN THIS SPACE

01252006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3541876	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAULA, MARCUS
19823 GULF BLVD
SUITE
INDIAN SHORES, FL 33785

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 _Marcus Paula_

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)

Date: 1-25-06

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	PAULA, MARCUS
STREET ADDRESS	19823-C GULF BLVD
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

H000004U5940
02/07/06-80060-003   150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

SIGNATURE: _Marcus Paula_   MARCUS PAULA   1-25-06   (727) 593-7802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #