2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010937

Entity Name: ONE UNLIMITED, INC.

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4314 MIDDLE LAKE DR. TAMPA, FL 33624 **Current Mailing Address: New Mailing Address:** PO BOX 271623 TAMPA, FL 336881623 FEI Number: 59-3556588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLEN, JENNIFER R ALLEN, JENNIFER R PRES. 4314 MIDDLE LAKE DRIVE 4314 MIDDLE LAKE DRIVE TAMPA, FL 33624 TAMPA, FL 33624 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: JENNIFER R. ALLEN, PRES 01/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ALLEN, JENNIFER R Name: Name: 4314 MIDDLE LAKE DR. Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ALLEN, MILDRED G Name: 4314 MIDDLE LAKE DR. Address: Address: TAMPA, FL 33624 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LURIA, L. WILLIAM M.D. Name: Name: 4314 MIDDLE LAKE DR. Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: () Change () Addition ALLEN, WILBER Name: Name: Address: 183 KENWOOD AVE Address: City-St-Zip: ONEIDA, NY 13421 City-St-Zip: Title: Title: () Delete () Change () Addition EDWARDS, JEFFREY ESQ Name: Name: 1201 W HORATIO ST #9 Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: () Delete Title: Title: () Change () Addition MERCURIO, NANCY Name: Name: 6706 RANGER DR Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JENNIFER R. ALLEN PRES 01/30/2007