

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010937

Entity Name: ONE UNLIMITED, INC.

FILED
Jan 19, 2008
Secretary of State

Current Principal Place of Business:

4314 MIDDLE LAKE DR.
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 271623
TAMPA, FL 336881623

New Mailing Address:

FEI Number: 59-3556588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, JENNIFER R PRES.
4314 MIDDLE LAKE DRIVE
TAMPA, FL 33624 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: D () Delete
Name: ALLEN, JENNIFER R
Address: 4314 MIDDLE LAKE DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: ALLEN, MILDRED G
Address: 4314 MIDDLE LAKE DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: LURIA, L. WILLIAM M.D.
Address: 4314 MIDDLE LAKE DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: ALLEN, WILBER
Address: 183 KENWOOD AVE
City-St-Zip: ONEIDA, NY 13421

Title: D () Delete
Name: EDWARDS, JEFFREY ESQ
Address: 1201 W HORATIO ST #9
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MERCURIO, NANCY
Address: 6706 RANGER DR
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALLEN, WILBER
Address: 183 KENWOOD AVE
City-St-Zip: ONEIDA, NY 13421

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEASURE, WILLIAM
Address: 4311 MIDDLE LAKE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JENNIFER ROSE ALLEN

PRES

01/19/2008

Electronic Signature of Signing Officer or Director

Date