2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010937

FILED
Jan 13, 2011
Secretary of State

Entity Name: ONE UNLIMITED, INC.

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 ( )**

Name and Address of Current Registered Agent:

ALLEN, JENNIFER R CHAIR
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

OFFICERS AND DIRECTORS:

Title: CHM
Name: ALLEN, JENNIFER R
Address: 4314 MIDDLE LAKE DR.
City-St-Zip: TAMPA, FL 33624

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

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

Title: V
Name: LEASURE, WILLIAM
Address: 4311 MIDDLE LAKE DRIVE
City-St-Zip: TAMPA, FL 33624

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

Title: S
Name: MERCURIO, NANCY
Address: 6706 RANGER DR
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER R. ALLEN CHM 01/13/2011

Electronic Signature of Signing Officer or Director Date