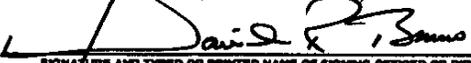


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90011 024 ***150.00

DOCUMENT # P99000019133			
1. Entity Name A-ONE UTILITIES, INC.			
Principal Place of Business 6149 QUIET COUNTRY LANE JACKSONVILLE, FL 32218		Mailing Address 6149 QUIET COUNTRY LANE JACKSONVILLE, FL 32218	
2. Principal Place of Business 10128 IOWA AVE Suite, Apt. #, etc.		3. Mailing Address 10128 IOWA AVE Suite, Apt. #, etc.	
City & State JAX FL.		City & State JAX FL.	
Zip 32219		Country U.S.A.	
4. FEI Number 59-3580569		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAKOFKA, LESTER 24 N MARKET STS UITE #402 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent	
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:  DAVID R. BRUNO PRES. 1-10-05		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNO, DAVID R 10128 IOWA AVE JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUNO, MENDY S 10128 IOWA AVE. JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DAVID R. BRUNO PRES. 1-10-05 695-3324		Date Daytime Phone #	