2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFONNE HOTE

FILED Apr 05, 2006 08:00 AM Secretary of State

DOCUMENT # P99000031789 1. Entity Name ONE JP, INC.				Secretary of State
Principal Place of Business Mailing Address 301 SCHUBERT DRIVE 301 SCHUBERT DRIVE PENSACOLA, FL 32504 PENSACOLA, FL 32504				
С	OO NOT WRITE II		CE	01042006 No Chg-P CRZE034 (11/05) 4. FEI Number Applied For 59-3582358
PATE, JEROME K 301 SCHUBERT DRIVE PENSACOLA, FL 32504				DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fills if emplicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10. OFFICERS AND DIRECTORS				
TITLE NAME STRECT ADDRESS CITY-ST-ZP	D PATE, JEROME K 301 SCHUBERT DRIVE PENSACOLA, FL 32504	CIONS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDRESS			U00000492232 04/19/06-80057-004 150.00
WILE NAME SIRET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS GITY: ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>			
12. I hereby certify that the information supplied with this filling 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-dignature shall have the same legal effect as if made under cath; that I am an ordinary of the corporation or the received or insistee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name adopers in Block 110 or Block 11 if				