
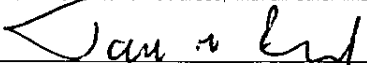


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90038 037 \*\*\*150.00

<b>DOCUMENT # P99000054858</b> 1. Entity Name <b>THE ECHELON ONE OF FLORIDA, INC.</b>					
Principal Place of Business <b>P.O. BOX 13633 TALLAHASSEE FL 32317</b>			Mailing Address <b>P.O. BOX 13633 TALLAHASSEE FL 32317</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>LINDSEY, WM. SCOTT . 1407 PIEDMONT DR., EAST TALLAHASSEE FL 32301</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1882 CAPITAL CIRCLE N.E. SUITE #106</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32308</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <b>RUDNICK, JAMES M</b> <b>226 N. DUVAL ST.</b> <b>TALLAHASSEE FL 32301</b> <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	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>1/22/07</b>  <b>850-671-1999</b> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					