2006 FOR PROFIT CORPORATION ANNUAL REPORT

May-01, 2006 08:00 AN Secretary of State DOCUMENT # P99000077660 1. Entity Name GAS ONE, INC. Principal Place of Business Mailing Address 4525 W ATLANTIC AVE 9620 NW 66TH PLACE DELRAY BEACH, FL 33445 PARKLAND, FL 33076 04092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0949720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNAY, GARY S DO NOT WRITE 5355 TOWN CENTER RD SUITE 801 BOCA RATON, FL 33486 IN THIS SPACE 8. The above named entity sufernits is 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 egistaled (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applical U00000556506 05/17/06-80012-009 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PTD TITLE NAME WALTUCH, RANDALL E STREET ADDRESS 9620 NW 66TH PLACE CMY-ST-ZIP PARKLAND, FL 33076 TITLE WALTUCH, NORTON NAME 9620 NW 66TH PLACE STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33076 SD TITLE NAME WALTUCH, KIM 9620 NW 66TH PLACE STREET ADDRESS DO NOT WRITE PARKLAND, FL 33076 CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 frue and securate 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-

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANCELL E WALTER H4/26/06

561 865 1965

FILED

Daytime Phone #