

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S05426

Entity Name: FOCUS ONE INC.

**FILED**  
**May 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11681 49TH STREET N  
#8  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

11681 49TH STREET N  
#8  
CLEARWATER, FL 33762 US

**New Mailing Address:**

FEI Number: 59-3032313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOLL, PATRICIA  
11251 KAPOK GRAND CIRCLE  
MADEIRA BEACH, FL 33708 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: PSTD  
Name: NOLL, PATRICIA  
Address: 11251 KAPOK GRAND CIRCLE  
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: V  
Name: NOLL, PATRICIA  
Address: 11251 KAPOK GRAND CIRCLE  
City-St-Zip: MADEIRA BEACH, FL 33708 US

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: PATRICIA NOLL

PSTD

05/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date