## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2007 08:00 AM Secretary of State

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1. Entity Na	JMENT # V13803 me D ONE, INC.				S	ecret	ary of Sta
2005 TREE SUITE 117	ce of Business FORK LN. ), FL 32750 US_	Mailing Address 2005 TREE FORK LN SUITE 117 LONGWOOD, FL 32750 US					
į.	OO NOT WRITE	IN THIS SPA	CE	01192007 4. FEI Numl 59-31	Der .	CR2E0:	34 (11/05)  Applied For No: Applicable \$8.75 Additional Fee Required
113 TIPPI	6. Name and Address of Current Rec DWARD A., JR. ERARY DRIVE RY, FL 32746	DO NOT WRITE IN THIS SPACE					
the obliga	e named entity submits this statement for the tions of registered agent.  Sonature, typed or printed name of registered agent and a Recommendation of the tion of	I Agent signature require		oth, in the State of Flo	DATE	amiliar with, and accept	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PTS HOOK, EDWARD A., JR. 113 TIPPERARY DRIVE LAKE MARY, FL	ECTORS					
THE NAME STREET ADDRESS CITY-ST-ZIP					U0000 01/26/07	060103 -80034	3 -011 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	EET ADDRESS - SI - ZIP E			DO NOT WRITE IN THIS SPACE			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS							The state of the s

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 inclicated on this report of 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTO

1-19-07

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