2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

Principal Place of Business 5023 SW 9 PL CAPE CORAL, FL 33914 2. Principal Place of Business Suito, Apt. 4, etc. City & State City & State	DOCUMENT # P03000153231 1. Entity Name ONEBLACKEAR, INC.				E	02-02-2004	4 90035 015 ***1	50.00		
CAPE CORAL, FL 33914	Principal Place of Business Mailing Address						,			
2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. O1212004 Chg.P CR2E034 (10/03) City & State City & State City & State City & State Applied For Not Applied For										
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City & State Country Country Country Country Country Country Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent Name DAVIS, JEFFREY M 5023 SW 9 PL CAPE CORAL, FL 33914 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address of New Registered Agent with, and accept the obligations of registered agent. Signature, speed or periode name of registered agent and site it applicable. (NOTE Registered Agent signature registered when retristificin) Added to Feas Trust Fund Contribution. SIGNATURE DAVIS, JEFFREY M SIREET ADDRESS DAVIS, JEFFREY M SIREET ADDRESS SO23 SW 9 PL CAPE CORAL, FL 33914 City-St-Zip CAPE CORAL, FL 33914	2. Principal P	lace of Business	3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired 5. Set Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212004	Chg-P	CR2E034 (10/03)			
Solution	City & Stat	e	City & State		4. FEI Number	189268				
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. SPECIAL STATE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NÄME DAVIS, JEFFREY M SIREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914		o, Name and Address of Correct	nogotorou Agom		Name	7. 1121110 4114		ogictarea //go.ii	· · · · · · · · · · · · · · · · · · · 	
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12. Thereby certify that the information supplied with this fining obes not quality for the exhibition stated in section 1-10.0 (SIQ), included stated in section 1-10.0 (SIQ), included the section 1-10.0 (SIQ)
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/04

(239) 542-2145

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