2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081811

City-St-Zip: STUART, FL 34994

Entity Name: ALL AROUND DOCKS INC

FILED Mar 03, 2005 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of | New Principal Place of Business: | |
|--|----------------|-------------------------|--------------------|-------------------------------|--|--|
| 8054 SW LA STUART, FI | | | | · | | |
| Current Mailing Address: | | | | New Mailing Address: | New Mailing Address: | |
| P O BOX 28 STUART, F | | | | | | |
| FEI Number: 0 | 01-0738545 | FEI Number | Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| DOORAKIA 625 N FLAG WEST PALI | | | JS | | | |
| 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. | | | | | | |
| SIGNATURI | ≣: | | | | | |
| | Electro | nic Signature | of Registered Agen | t | Date | |
| Election Camp | oaign Financin | g Trust Fund C | Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| | DEQUILLETTE |) Delete S, JACQUARD | | Title: (Name: Address: |) Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACQUARD DEQUILLETTES PRES 03/03/2005