

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
2009 FEB 12 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3-3-09

DOCUMENT # P03000060099
1. Entity Name
ALL IN ONE RESTORATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 619 WHITNEY AVE STE 3 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State LANTANA FL	City & State
Zip 33462	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3694483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Bailey, Brad
Street Address (P.O. Box Number is Not Acceptable) 619 WHITNEY AVE STE 3
City LANTANA
State FL
Zip Code 33462

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Bailey, Brad 619 Whitney Ave Ste 3 Lantana, FL 33462	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Brad Bailey Brad Bailey 01/19/09 561-252-8017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)