


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90072 050 ***150.00

DOCUMENT # P03000060392

1. Entity Name
ALL ABODE, INC.



| | |
|--|--|
| Principal Place of Business 4241 BAYMEADOWS ROAD SUITE 22 JACKSONVILLE, FL 32217 | Mailing Address 4241 BAYMEADOWS ROAD SUITE 22 JACKSONVILLE, FL 32217 |
|--|--|

94044101

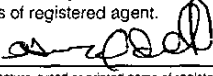


| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01092004 Chg-P CR2E034 (10/03)

| | | |
|--|--|--|
| 4. FEI Number 56-2364556 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent BARKER & BARKER, P.A. 4244 ST-JOHNS AVE JACKSONVILLE, FL 32210 | | 7. Name and Address of New Registered Agent |
| | | Name GEORGE W. CALDWELL |
| | | Street Address (P.O. Box Number is Not Acceptable) 1157 DURBIN PARKE DR. |
| | | City JACKSONVILLE FL Zip Code 32259 |

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:  **GEORGE W. CALDWELL** DATE: **1/9/04**

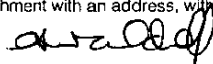
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALDWELL, MARY E 181 BLACKHAWK TRACE GALENA, IL 61036 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1157 DURBIN PARKE DR. JACKSONVILLE, FL 32259 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAY, DAVID F 8650 S OCEAN DR, UNIT 1005 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALDWELL, GEORGE 181 BLACKHAWK TRACE GALENA, IL 61036 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1157 DURBIN PARKE DR. JACKSONVILLE, FL 32259 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GEORGE W. CALDWELL** DATE: **1/9/04** DAYTIME PHONE #: **(904) 737-8444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR