2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P03000158229

Entity Name: ALLCOMP SOLUTIONS INC.

Current Principal Place of Business:

3298 TOWNSHIP SQUARE BLVD
1023
ORLANDO, FL 32837 US

New Principal Place of Business:

3855 CREEK BED CIRCLE
SAINT CLOUD, FL 34769 US

Current Mailing Address:

3298 TOWNSHIP SQUARE BLVD
1023
ORLANDO, FL 32837 US

New Mailing Address:

3855 CREEK BED CIRCLE
SAINT CLOUD, FL 34769 US

FEI Number: 20-0540121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOREIRA, AIUTON A
3928 TOWNSHIP SQUARE BLVD
1023
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

MOREIRA, AIUTON A
3855 CREEK BED CIRCLE
SAINT CLOUD, FL 34769 US

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: AIUTON A. MOREIRA 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOREIRA, AIUTON A
Address: 3928 TOWNSHIP SQUARE BLVD # 1023
City-St-Zip: ORLANDO, FL 32837 US

Title: VP ( ) Delete
Name: MOREIRA, CLAUDIA C
Address: 3928 TOWNSHIP SQUARE BLVD # 1023
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOREIRA, AIUTON A
Address: 3855 CREEK BED CIRCLE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VP (X) Change ( ) Addition
Name: MOREIRA, CLAUDIA C
Address: 3855 CREEK BED CIRCLE
City-St-Zip: SAINT CLOUD, FL 34769 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AIUTON A. MOREIRA P 04/28/2008
Electronic Signature of Signing Officer or Director Date