2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State **DOCUMENT # P04000086699** 1. Entity Name 05-01-2006 90485 016 ***150.00 ALL IN ONE LIMO INC Principal Place of Business Mailing Address 2117 S BAB000KST 1822 WOODEFFRYORGE BOX 202 MELBOURNE FL 32935 MELBOURNE, FL 32901 2. Principal Place of Business 3. Mailing Address circle 1822 WOODBERRY Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For UELBOURNE 26-0091368 Not Applicable Country Ζb Country Ζip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama TOLOZANO, JAVIER E Street Address (P.O. Box Number is Not Acceptable) 1822 WOODBERRY CIRCLE MELBOURNE, FL 32935 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. IDEORANO, PRESIDENT (vseu) SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPS TITLE Delete TITLE ☐ Change ■ Addition TOLOZANO, JAVIER E NAME NAME 1822 WOODBERRY CIRCLE STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition NAME TOLOZANO, FREIDA NAME 1822 WOODBERRY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, pron an attachment with an address, with all other like empowered.

Typeso, LIVIER E. TOLOZINO, APRIL 26, 2006, (321) 252-8030

FILED