


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2008 08:00 AM
Secretary of State**

DOCUMENT # P06000017615

1. Entity Name
ALL-PHASE ARCHITECTURAL, INC.



Principal Place of Business
211 W DONEGAN AVE
KISSIMMEE, FL 34741

Mailing Address
211 W DONEGAN AVE
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0137214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCALA, GREGORY E
211 W DONEGAN AVE
KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____ DATE _____
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, 2008 Fee will be \$550.00**

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


U00000934300
05/23/08-80027-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALA, GREGORY E 211 W DONEGAN AVE KISSIMMEE, FL 34741
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IN THIS SPACE**

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, or on an attachment with an address, with all other ICR empowered.

SIGNATURE:  DATE: 4-28-08 DAYTIME PHONE #: 407-933-0722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR