

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P97000053650 1. Entity Name ALLSTAIRS, INC. |  |
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| Principal Place of Business 2900 NW COMMERCE PARK DRIVE #1 BOYNTON BEACH, FL 33426 | Mailing Address 2900 NW COMMERCE PARK DRIVE #1 BOYNTON BEACH, FL 33426 |
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0760823 | 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

FRITZ, JIMMY B
953 BROOKDALE DRIVE
BOYNTON BEACH, FL 33435

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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: Jimmy B. Fritz DATE: 4/26/06
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, 2006 Fee will be \$550.00

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

100000556708
05/17/06-80019-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | PTD |
| NAME | FRITZ, JIMMY B |
| STREET ADDRESS | 2900 NW COMMERCE PARK DRIVE # 1 |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 |
| TITLE | V |
| NAME | FRITZ, MARSHA L |
| STREET ADDRESS | 2900 NW COMMERCE PARK DRIVE # 1 |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 like empowered.

SIGNATURE: [Signature] DATE: 4/26/06 DAYTIME PHONE #: 5614934455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR