



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000014696 1. Entity Name ALL POINTS REAL ESTATE, INC.						FILED 07 MAR 29 PM 1:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1934 DELLWOOD DR TALLAHASSEE, FL 32303			Mailing Address 1934 DELLWOOD DR TALLAHASSEE, FL 32303			 03282007 Chg-P CR2E034 (12/06)			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-3297146				Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent EARNHART, PAUL M 1934 DELLWOOD DR TALLAHASSEE, FL 32303	
Zip	Country	Zip	Country						
7. Name and Address of New Registered Agent				Name					
Street Address (P.O. Box Number is Not Acceptable)				City					
FL				Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			DATE			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EARNHART, PAUL M 1934 DELLWOOD DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 410095891084 04/05/07--01036--001 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARLEY, FRANCES W 1934 DELLWOOD DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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				
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				
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 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: <i>Paul M. Earnhart</i> President				Date: <i>3-28-07</i>		Daytime Phone #: <i>850 386 2773</i>			