2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 395678

Title:

Name:

Address:

City-St-Zip:

PD

(X) Delete

BESSETTE, DAVID L

5155 NW PALMETTO AVE.

FORT PIERCE, FL 34982

Entity Name: ALL FLORIDA REALTY SERVICES INC.

FILED Jan 24, 2006 Secretary of State

| Entity Nan | ie: ALL FLOR | IDA REALTT SERVICES, INC | <i>,</i> . | | | | | |
|---|--|---------------------------------|------------|--|--|---------------------|----------------------------|----|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| | PORT ST. LUC LUCIE, FL 349 | | | | DERAL HIGI LUCIE, FL 3 | | US | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| | PORT ST. LUC LUCIE, FL 349 | | | | DERAL HIGI LUCIE, FL 3 | | US | |
| FEI Number: | 59-1379209 | FEI Number Applied For () | FEI Num | nber Not Appli | icable () | Certific | cate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| BESSETTE, DAVID L 1648 S E PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952 US | | | | BESSETTE, DAVID L 9156 S FEDERAL HIGHWAY PORT SAINT LUCIE, FL 34952 US | | | | |
| The above in the State | | ubmits this statement for the p | urpose of | f changing it | ts registered | office or | registered agent, or both | l, |
| SIGNATURE: | | | | 01/24/2006 | | | | |
| | Electroni | c Signature of Registered Age | nt | | | | Date | - |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | ST () BESSETTE, PAN 5155 NW PALM FORT PIERCE, | ETTO AVE. | | Title: Name: Address: City-St-Zip: | (|) Change | () Addition | |
| Title: Name: Address: City-St-Zip: | AVP () DURHAM, NANC 141 NORTHBRO ORMOND BEAC | OK DR | | Title: Name: Address: City-St-Zip: | PD (BESSETTE, I 5155 NW PAI FORT PIERC | DÁVID L LMETTO A | | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID L BESSETTE PRES 01/24/2006

() Change () Addition