

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90008 034 \*\*\*150.00

DOCUMENT # 413350			
1. Entity Name ALL INTERIOR SUPPLY, INC.			
Principal Place of Business 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606		Mailing Address 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606	
2. Principal Place of Business - No P.O. Box # 6969 W 20th Ave		3. Mailing Address 6969 W 20th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33014	Country USA	Zip 33014	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HERNANDEZ, JOHN J STREET ADDRESS 6969 W. 20TH AVE. CITY-ST-ZIP HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE ✓ NAME Kevin Corrigan STREET ADDRESS 550 W Adams CITY-ST-ZIP Chicago, IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VT NAME LEETS, KAREN L STREET ADDRESS 550 W ADAMS CITY-ST-ZIP CHICAGO, IL 60661	<input type="checkbox"/> Delete	TITLE S NAME SUZANNE K TORREY STREET ADDRESS 550 W Adams CITY-ST-ZIP Chicago, IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME FLEMING, RICHARD H STREET ADDRESS 550 W ADAMS CITY-ST-ZIP CHICAGO, IL 60661	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VED NAME HOLMES, JOSEPH STREET ADDRESS 550 W ADAMS CITY-ST-ZIP CHICAGO, IL 60661	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME DEELY, BRENDAN J STREET ADDRESS 550 W ADAMS CITY-ST-ZIP CHICAGO, IL 60661	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CAIN, JOHN W STREET ADDRESS 550 W ADAMS ST CITY-ST-ZIP CHICAGO, IL 60661	<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: <u>John Hernandez - Director</u>		Date: <u>1/17/08</u>	Daytime Phone #: <u>305-821-8000</u>

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4. FEI Number 59-1495127 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required