2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 14, 2007 8:00 am Secretary of State **DOCUMENT # 448463** 03-14-2007 90029 043 ***150.00 1. Entity Name ALLCANES CORP. Change: Mailing Address Principal Place of Business 5831 PONCE DE LEON BLVD. (Robert or Gigi Bello 3339 Vista De La Cresta Escondido, CA 92029-7269 CORAL GABLES, FL 33146 CR2E034 (11/05) No Chg-P 01182007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1625027 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHEN, MAX A DO NOT WRITE 7800 RED RD. STE. 334 IN THIS SPACE MIAMI, FL 33143 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BELLO, ROBERT PAUL NAME STREET ADDRESS 3339 VISTA DE LA CRESTA ESCONDIDO, CA 92029 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED