2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 462742

FILED Apr 13, 2009 Secretary of State

Entity Nar	me: AL'SSMA	ALL ENGINES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	NDING BLVD JRG, FL 3206	8 US			
Current Mailing Address:			New Mailing Address:		
	NDING BLVD JRG, FL 3206	8 US			
FEI Number:	: 59-1554657	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	LINA M PERGRASS S JRG, FL 3206				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PAINTER, ALBI	GRASS STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X STILES, JOHN 2355 NORMAN MIDDLEBURG,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PAINTER, LINA	GRASS STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KEMPLIN, RICI 3616 THUNDER		Title: Name: Address: City-St-Zip:	D (X) Change () Addition PAINTER, CHARLES D 4418 ANTISDALE STREET JACKSONVILLE, FL 32205 US	
Title:	D (X) Delete	Title:	()Change ()Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERT E PAINTER SR. CD 04/13/2009

PAINTER, ALBERT E JR

MIDDLEBURG, FL 32068 US

2446 LIANA COURT

Name:

Address:

City-St-Zip: