



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT -**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 683872		
1. Entity Name ALLIN, INC.		
Principal Place of Business 350 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880	Mailing Address 350 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880	
<b>DO NOT WRITE IN THIS SPACE</b>		
 01082007    No Chg-P    CR2E034 (11/05)		
4. FEI Number 59-2041377		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		<b>DO NOT WRITE IN THIS SPACE</b>
SCHWARB, F ALLAN 350 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		U00000613183 02/05/07-80029-004 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARB, LINDA F 1206 CYPRESS POINT RD EAST WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHWARB, F ALLAN 1206 CYPRESS POINT RD EAST WINTER HAVEN, FL 33884	
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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>Linda F Schwarz</i> Linda F. Schwarz    1/28/07    863 294-7441		Date      Daytime Phone #