


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 827954 |  |
| 1. Entity Name ALL AMERICAN LEISURE PROPERTIES, INC | |

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| Principal Place of Business 1001 E. ATLANTIC AVE. SUITE 202 DELRAY BEACH, FL 33483 US | Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US |
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1396328 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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**DO NOT WRITE
IN THIS SPACE**

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.

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| SIGNATURE _____ | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|---|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000674841 03/29/07-80088-003 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TDP WALSH, MICHAEL P 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALSH, WILLIAM 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH 03801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WALSH, MARK T 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

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|---|------|-----------------|
| SIGNATURE:  Michael P. Walsh, Pres. 2/5/07 (561) 279-9908 | Date | Daytime Phone # |
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