2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004
Secretary of State

DOCUMENT# F00000000200

Entity Name: ALL POINTS CAPITAL CORP.

Current Principal Place of Business:

275 BROADHOLLOW ROAD
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

275 BROADHOLLOW ROAD
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 11-3516828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: RABIN, WALTER
Address: 275 BROADHOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: S ( ) Delete
Name: GRAF, AURILEE
Address: 275 BROADHOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: T ( ) Delete
Name: DIGIACOMO, JOHN
Address: 275 BROADHOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: D ( ) Delete
Name: KACZOREK, CHARLES
Address: 275 BROADHOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: D ( ) Delete
Name: HEPTIG, RICHARD
Address: 275 BROADHOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

Title: D ( ) Delete
Name: STAGNARI, JIM
Address: 275 BROADHOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: WALTER RABIN PCD 08/20/2004

Electronic Signature of Signing Officer or Director — Date