2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F0000001291 1. Entity Name ALL FUND, INC.				FILED OS JUL 25 MI ID: 17 SECTION AS A TOMAN
Principal Place of Business 8808 PACIFIC AVENUE TACOMA, WA 98444	Mailing Address 8808 PACIFIC AVENUE TACOMA, WA 98444		•••	LWI William Comment
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			06222005 Chg-P CR2E034 (10/03)	
City & State	City & State			4. FEI Number Applied For 91-1567617 Not Applicabl
Zip Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Curre	6. Name and Address of Current Registered Agent Name		ne	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4			Street Address (P.O. Box Number is Not Acceptable)	
WESTON, FL 33331		City		FL Zip Code
8. The above named entity submits this statement for the ourpose 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 Signalure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstating) OATE				
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees				
10. OFFICERS AT	ND DIRECTORS	11.	150.4	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME ARDMORE, RICHARD E STREET ADDRESS 3-1418 MOUNTAIN HIWAY CITY-ST-ZIP EATONVILLE, WA 98328	Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Fev 880	e President Change MAddillo vry Stiles 08 Pacific Ave coma, WA 98444
TITLE T ARDMORE, NANCY L STREET ADDRESS 31418 MOUNTAIN HIWAY EATONVILLE, WA 98328	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Hei BBC	e President Change & Additions of the Chan
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET AOOR	Kar	e President Change Addillo ren M. Munz 28-Pacific Ave-
CITY-ST-ZIP		CITY-ST-ZIP	Tac	oma, WA 98444
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	☐ Change ☐ Additio
12. I hereby certify that the information supplied with this filing does not qualify 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 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:	DR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	7-1	Date Daytime Phone #