

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 046 ***150.00

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DOCUMENT # F01000004012					
1. Entity Name CONVENTION ALL SERVICES INC					
Principal Place of Business 919 NATIONAL AV 205 FAIRBANK STREET ADDISON, IL 60101			Mailing Address 919 NATIONAL AV 205 FAIRBANK STREET ADDISON, IL 60101		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-3414902	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASSELL, THOMAS S C/O A.C. BOYD 3252 67TH TERRACE SOUTH APT A ST PETERSBURG, FL 33712-5460				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 re-registering)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PRES CASSELL, THOMAS S 205 FAIRBANK STREET ADDISON, IL 60101			#450		
441 BEE RIDGE RD SARASOTA FL 34233					
TRES CASSELL, FRANK P 1157 TABORLAKE WALK LEXINGTON, KY 40502					
12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my sig of the corporation or the receiver or trustee empowered to execute this report as re changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Frank P Cassell</i>				Mr. Frank Cassell 1157 Taborlake Walk Lexington, KY 40502-7719	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
4.27.06				Daytime Phone #	
				859-768-8992	