



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		4. FEI Number 36-3414902	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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				FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASSELL, THOMAS S		NAME		
STREET ADDRESS	205 FAIRBANK STREET		STREET ADDRESS		
CITY-ST-ZIP	ADDISON, IL 60101		CITY-ST-ZIP		
	4411 BEE RIDGE RD				
	SARASOTA FL 34233				
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASSELL, FRANK P		NAME		
STREET ADDRESS	1157 TABORLAKE WALK		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40502		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					13. I hereby certify that the information am an officer or director in Block 10 or Block 11 if 859-768-8992
SIGNATURE: <i>Frank P Cassell</i>			Mr. Frank Cassell 1157 Taborlake Walk Lexington, KY 40502-7719		4.27.06 Date 859-768-8992 Daytime Phone #