

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004232

FILED
Apr 14, 2009
Secretary of State

Entity Name: ALL'S WELL PROFESSIONAL SERVICES CO.

Current Principal Place of Business:

1999 W 190TH STREET
TORRANCE, CA 90504

New Principal Place of Business:

Current Mailing Address:

PO BOX 29048
GLENDALE, CA 912099048

New Mailing Address:

FEI Number: 95-4365413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BRYANT HOWROYD, JANICE
Address: 1999 W 190TH STREET
City-St-Zip: TORRANCE, CA 90504

Title: VPVC () Delete
Name: BRYANT, CARLTON
Address: 1999 W 190TH STREET
City-St-Zip: TORRANCE, CA 90504

Title: SD () Delete
Name: BRYANT, TINA
Address: 1999 W 190TH STREET
City-St-Zip: TORRANCE, CA 90504

Title: T () Delete
Name: TREASURE, C.P.D.
Address: 327 W. BROADWAY
City-St-Zip: GLENDALE, CA 91204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: HOWROYD, JANICE B
Address: 1999 W 190TH STREET
City-St-Zip: TORRANCE, CA 90504

Title: VPD (X) Change () Addition
Name: BRYANT, CARLTON
Address: 1999 W 190TH STREET
City-St-Zip: TORRANCE, CA 90504

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

Title: T (X) Change () Addition
Name: HOYAL, MICHAEL A T
Address: 327 W. BROADWAY
City-St-Zip: GLENDALE, CA 91204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JANICE B. HOWROYD

_____ Electronic Signature of Signing Officer or Director

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04/14/2009

_____ Date