

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000172

Entity Name: ALLSOUTH RENOVATIONS, INC.

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

1586 CLORADALE DR.
MARIETTA, GA 30067

New Principal Place of Business:

1586 CLOVERDALE DR.
MARIETTA, GA 30067

Current Mailing Address:

1586 CLORADALE DR.
MARIETTA, GA 30067

New Mailing Address:

1586 CLOVERDALE DR.
MARIETTA, GA 30067

FEI Number: 58-2309526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: P () Delete
Name: OREAL, C.V.
Address: 2930 PRINCE HOWARD DR.
City-St-Zip: MARIETTA, GA 30062

Title: V () Delete
Name: POPE, DARRYL
Address: 425 CARMAIN LA
City-St-Zip: MARIETTA, GA 30064

Title: S () Delete
Name: PENDERGRAFF, GARY
Address: 230 WESSOX CT.
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OREAL, C.V.
Address: 2599 WEDDINGTON RIDGE
City-St-Zip: MARIETTA, GA 30068

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

Title: S (X) Change () Addition
Name: PENDERGRAFF, GARY
Address: 230 WESSEX CT.
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information supplied with this filing does not qualify for the 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: C.V. OREAL

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date