

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000000172 1. Entity Name ALLSOUTH RENOVATIONS, INC.	
--	---

FILED

2008 APR 22 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1586 CLOVERDALE DR. MARIETTA, GA 30067	Mailing Address 1586 CLOVERDALE DR. MARIETTA, GA 30067
--	--



2. Principal Place of Business - No P.O. Box # <i>1586 Cloverdale Dr.</i>	3. Mailing Address <i>P.O. Box 7165</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172008 Chg-P CR2E034 (12/06)

City & State <i>Marietta GA</i>	City & State <i>Marietta GA</i>
Zip <i>30067</i>	Zip <i>30065</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 58-2309526	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REGISTERED AGENT SOLUTIONS, INC.
 155 OFFICE PLAZA DR.
 SUITE A
 TALLAHASSEE, FL 32301

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: *[Signature]* *Manya Gonzalez, Asst. Secretary* 4-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete OREAL, C.V.
STREET ADDRESS	2599 WEDDINGTON RIDGE
CITY-ST-ZIP	MARIETTA, GA 30068
TITLE	V <input type="checkbox"/> Delete POPE, DARRYL
STREET ADDRESS	425 CARMAN LA
CITY-ST-ZIP	MARIETTA, GA 30064
TITLE	S <input checked="" type="checkbox"/> Delete PENDERGRAFT, GARY
STREET ADDRESS	230 WESSEX CT.
CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	000125087010
CITY-ST-ZIP	04/22/08--01027--016 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* *C.V. Oreal* 4/17/08 770-321-8601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #