


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State


03-12-2008 90030 040 ***150.00

DOCUMENT # J32055 1. Entity Name DO-ALL RENTAL, INC.	
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Principal Place of Business % DONALD DONOVAN 4168 ELECTRIC WAY CHARLOTTE HARBOR, FL 33980	Mailing Address % DONALD DONOVAN 4168 ELECTRIC WAY CHARLOTTE HARBOR, FL 33980
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

400377



03082008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2713252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONOVAN, DONALD 4168 ELECTRIC WAY CHARLOTTE HARBOR, FL 33950	Name Street Address (P. O. Box Number is Not Acceptable) City
	State: 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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENNING, JOHN 205 CORTEZ DR CHARLOTTE HARBOR, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Henning, John 726 NW Springlake Blvd. Port Charlotte, FL 33952
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEAN, LINDA S 3246 GREATNECK ST PORT CHARLOTTE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Smith, Christine 38331 Washington Lp. Rd. Punta Gorda, FL 33982
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Christine Smith, Christine Smith 3/10/08 941/125-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #