2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J93056

1. Entity Name

ALL COURTHOUSE SERVICES, INC.



FILED Jan 26, 2007 08:00 AM Secretary of State

Principal Place of Business

3301 N. COUNTRY CLUB DR.

#101

NORTH MIAMI BEACH, FL 33180

Mailing Address

3301 N. COUNTRY CLUB DR.

#101

DO NOT WRITE IN THIS SPACE

NORTH MIAMI BEACH, FL 33180



01212007

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELPMAN, SHIRLEY 3301 NORTH COUNTRY CLUB DRIVE #101 NORTH MIAM! BEACH, FL 33180

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if a	ed Agent signature required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		
10,	OFFICERS AND DIRECT	ORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SHELPMAN, SHIRLEY 3301 N. COUNTRY CLUB DRIVE MIAMI, FL 33180			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VI.		Florida Statutes - Lituther certify that the information

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNAMS OFFICER OR DIRECTOR

1-24-07

305-931-622