2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J96956

1. Entity Name

ALL THRU THE HOUSE OF VERO BEACH, INC.



Mailing Address

Principal Place of Business 1165 U.S. HWY. # 1 VERO BEACH, FL 32960

1165 U.S. HWY. # 1 VERO BEACH, FL 32960

FILED Jan 11, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01082007	No Chg-P	CR2E034 (11/05)
	-	, ,

4. FEI Number Applied For 65-0009515 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRISCOLL, THOMAS A., JR. 1165 U.S. HIGHWAY #1 VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

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 i	f applicable. (NOTE, Registered	Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRISCOLL, DENISE 1165 U.S. HWY. #1 VERO BEACH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DRISCOLL, THOMAS A., JR. 1165 U.S. HWY. #1 VERO BEACH, FL				U00000582632 01/11/07-80039-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			I	IN ⁻	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					•	
TITLE NAME STREET ADDRESS						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 772-527-7991