


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K90600
1. Entity Name
REFER-ALL, INC.



Principal Place of Business Mailing Address
96 RAYMOND R. HUGHES
5830 MIRROR LAKES BLVD.
BOYNTON BEACH, FL 33437

3540 FOREST HILL BV
STE 202
WEST PALM BEACH, FL 33406



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0121661 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
HUGHES, RAYMOND R.
5830 MIRROR LAKES BLVD.
BOYNTON BEACH, FL 33437

**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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$530.00

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

1100000385552
01/18/06-80021-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUGHES, RAYMOND R.
STREET ADDRESS	5830 MIRROR LAKES BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	D
NAME	STATZER, LORETTA M.
STREET ADDRESS	5133 PINEGROVE DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Loretta M. Statzer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06 561-439-1854
Date Daytime Phone #