2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2006
Secretary of State

DOCUMENT# L04000009402

Entity Name: ALL ABOUT CARTS LLC

Current Principal Place of Business:

2336 N. MCGEE DR.
HERNANDO, FL 34442 US

New Principal Place of Business:

4373 W MUSTANG BLVD
BEVERLY HILLS, FL 34465 US

Current Mailing Address:

2336 N. MCGEE DR.
HERNANDO, FL 34442 US

New Mailing Address:

4373 W MUSTANG BLVD
BEVERLY HILLS, FL 34465 US

FEI Number: 41-2125397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KANNALEY-STUTZMAN, JEAN M
2336 N. MCGEE DR.
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

KANNALEY-STUTZMAN, JEAN M
4373 W MUSTANG BLVD
BEVERLY HILLS, FL 34465 US

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.

SIGNATURE: JEAN KANNALEY-STUTZMAN 05/10/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KANNALEY-STUTZMAN, JEAN M
Address: 2336 N. MCGEE DR.
City-St-Zip: HERNANDO, FL 34442 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KANNALEY-STUTZMAN, JEAN M
Address: 4373 W MUSTANG BLVD
City-St-Zip: BEVERLY HILLS, FL 34465 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEAN KANNALEY-STUTZMAN MGRM 05/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date