
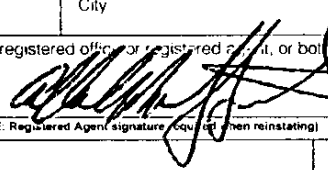
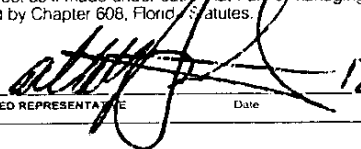


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:13

<b>DOCUMENT # L05000080026</b> 1. Entity Name <b>ALL IN ONE RESTORATION LLC</b>					
Principal Place of Business <b>165 JAY DRIVE ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>165 JAY DRIVE ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GHAZZAWIEH, ABDALLAH T 165 JAY DRIVE ALTAMONTE SPRINGS, FL 32714</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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: <b>ABDALLAH T GHAZZAWIEH</b>  <b>12-06-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM GHAZZAWIEH, ABDALLAH T 165 JAY DRIVE ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>500082369405 12/07/06--01052--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM GHAZZAWIEH, WENDY 165 JAY DRIVE ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>500082369405 12/07/06--01052--007 **5.00</b>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my 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: <b>ABDALLAH T GHAZZAWIEH</b> 				Date: <b>12-06-06</b>	

407-862-7456