2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000733

Entity Name: AMERICA'S ALL STARS, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5850 TG LEE BLVD 2835 CHAPELWOOD CT. OVIEDO, FL 32765 517

ORLANDO, FL 32822

New Mailing Address: Current Mailing Address:

5850 TG LEE BLVD 2835 CHAPELWOOD CT. OVIEDO, FL 32765

ORLANDO, FL 32822

FEI Number: 02-0667202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROQUEMORE, BRIAN G ROQUEMORE, BRIAN G 2835 CHAPELWOOD CT. 5850 TG LEE BLVD OVIEDO, FL 32765

ORLANDO, FL 32822 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: 04/25/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ROQUEMORE, BRIAN G ROQUEMORE, BRIAN G Name: Name: 10061 CUSTER CIRCLE Address: 2835 CHAPELWOOD CT. Address: ORLANDO, FL 32817 City-St-Zip: City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: (X) Change () Addition

Name: ROSE, WIL DR Name: ROSE, WIL DR Address: 6051 ARLINGTON BOULEVARD Address: 6555 DEARBORN DR. City-St-Zip: FALLS CHURCH, VA 22044 City-St-Zip: FALLS CHURCH, VA 22040

Title: O/D () Delete Title: (X) Change () Addition

JOYCE, ROBERT H JR Name: TURNER, JEFF Name: 2853 BERKSHIRE CIRCLE 1590 WOODLAND AVE. Address: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: WINTER PARK, FL 32789

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN ROQUEMORE **PRES** 04/25/2006