

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000733

FILED
Apr 21, 2008
Secretary of State

Entity Name: AMERICA'S ALL STARS, INC.

Current Principal Place of Business:

4605 RIVERTON DRIVE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

4605 RIVERTON DRIVE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 02-0667202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROQUEMORE, BRIAN G
4605 RIVERTON DRIVE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O/D () Delete
Name: ROQUEMORE, BRIAN G
Address: 4605 RIVERTON DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: ROSE, WIL DR
Address: 6555 DEARBORN DR.
City-St-Zip: FALLS CHURCH, VA 22040

Title: D () Delete
Name: TURNER, JEFF
Address: 1590 WOODLAND AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 G ROQUEMORE

O/D

04/21/2008

Electronic Signature of Signing Officer or Director

Date