2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011862

FILED May 04, 2007 Secretary of State

Entity Na			Secretary of State
Entity Nai	me: ALL ABOUT RECOVERY SHOW, INC.		
Current P	rincipal Place of Business:	New Principal Place	of Business:
	TH AVE. STE 201 ACH, FL 33480		
Current M	lailing Address:	New Mailing Addres	s:
	TH AVE. STE 201 ACH, FL 33480		
In accordan	: 04-3833978 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not		Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
15911 73R	KENNETH A RD TERRACE NORTH ACH GARDENS, FL 33418 US		
. ,	(6) 1 6) 11 (8) 11 (6) 12		
The above	named entity submits this statement for the pre-	urpose of changing its registere	ed office or registered agent, or both,
The above	named entity submits this statement for the pre- e of Florida.	urpose of changing its registere	ed office or registered agent, or both,
The above in the State	named entity submits this statement for the pre- e of Florida.		ed office or registered agent, or both, Date
The above in the State	named entity submits this statement for the pre- e of Florida. RE:	nt	
The above in the State	e named entity submits this statement for the pre- e of Florida. RE: Electronic Signature of Registered Age	nt	Date
The above in the State SIGNATUR OFFICER: Title: Name: Address:	e named entity submits this statement for the present of Florida. RE: Electronic Signature of Registered Age S AND DIRECTORS: D () Delete MALLEY, KENNETH A 15911 73RD TERRACE NORTH	nt ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

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: KENNETH A, MALLEY D 05/04/2007