2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N96000003286

Entity Name: ALL ABOUT ADOPTIONS, INC.

Current Principal Place of Business:

701 W. CYPRESS CREEK RD., SUITE 302
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

701 W. CYPRESS CREEK RD, SUITE 302
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-3193831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRASS, MIKAL W ESQ
701 W CYPRESS CREEK RD
#302
FORT LAUDERDALE, FL 33309 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:	P	( ) Delete
Name:	GRASS, MIKAL W	
Address:	701 W CYPRESS CREEK RD #302	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	D	( ) Delete
Name:	ABRAMOWITZ, BENJAMIN	
Address:	735 APOLLO CIR. N.E.	
City-St-Zip:	PALM BAY, FL 32937	
Title:	D	( ) Delete
Name:	REED, STUART ESQ	
Address:	940 LINCOLN RD., #319	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	EISENSTEIN, NEAL ESQ	
Address:	701 W. CYPRESS CREEK RD., #302	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	D	( ) Delete
Name:	GOLDSTEIN, ARLENE	
Address:	400 LESLIE DR, #422	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	D	( ) Delete
Name:	SCHNEIROV, BARRY	
Address:	2529 MARDAN DR.	
City-St-Zip:	WESTON, FL 33327	

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:	
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 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: MIKAL W. GRASS PRES 05/01/2006

Electronic Signature of Signing Officer or Director — Date