2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P00000050881

1. Entity Name

ABC/ALL AMÉRICAN CEILINGS, INC.



Principal Place of Business

5086 MARINA CIRCLE BOCA RATON, FL 33486 Mailing Address

5086 MARINA CIRCLE BOCA RATON, FL 33486

FILED Mar 23, 2007 08:00 AM Secretary of State



03082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1011903 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the pions of registered agent.	surpose of changing its registe	ered office or r	egistered agent, or bott	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIRECTORS				
TITLE	PRES				
NAME	RAWISZER, ROBERT				
STREET ADDRESS	5086 MARINA CIRCLE				
CITY-ST-ZIP	BOCA RATON, FL 33486				H00000676163

03/30/07-80047-018 150.00

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12. I hereby certify that the information sopplies with his filing does not qualify for the exemptions contained 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 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 exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowers.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE