


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90070 005 \*\*\*158.75

<b>DOCUMENT # P00000074979</b> 1. Entity Name <b>TRI COUNTY ALL RESTORATIONS INC.</b>			
Principal Place of Business <b>2010 NE 55TH ST FT LAUDERDALE, FL 33308</b>		Mailing Address <b>2010 NE 55TH ST FT LAUDERDALE, FL 33308</b>	
2. Principal Place of Business - No P.O. Box # <b>2010 NE 55th Street</b>		3. Mailing Address <b>2010 NE 55th Street</b>	
Suite, Apt. #, etc. <input checked="" type="checkbox"/>		Suite, Apt. #, etc. <input checked="" type="checkbox"/>	
City & State <b>Fort Lauderdale FL</b>		City & State <b>Fort Lauderdale FL</b>	
Zip <b>33308</b> Country <b>USA</b>		Zip <b>33308</b> Country <b>USA</b>	
4. FEI Number <b>65-1047383</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ACKEL, GARY 4840 NE 8 AVE FT LAUDERDALE, FL 33334</b>		7. Name and Address of New Registered Agent Name <b>X Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>2010 NE 55th Street</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33308</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ACKEL, GARY 2010 NE 55 ST. FT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST ACKEL, KIMBERLY ANN 2010 NE 55TH ST FT LAUDERDALE, FL 33308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this 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 empowered 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 empowered.			
<b>SIGNATURE X</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>April-25-2007</b> <b>954-776-1717</b> Date Daytime Phone #	