

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096616

Entity Name: ALL ABOUT LISTS, INC.

FILED  
Jan 19, 2006  
Secretary of State

## Current Principal Place of Business:

4949 S CONGRESS AVE  
B 2  
LAKE WORTH, FL 33467

## New Principal Place of Business:

## Current Mailing Address:

4949 S CONGRESS AVE  
B 2  
LAKE WORTH, FL 33467

## New Mailing Address:

FEI Number: 65-1046746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, MARIA  
20180 BACK NINE DR.  
BOCA RATON, FL 33498 US

## Name and Address of New Registered Agent:

COHEN, STAN  
20180 BACK NINE DR.  
BOCA RATON, FL 33498 US

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: STAN COHEN

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COHEN, MARIA  
Address: 20180 BACK NINE DR.  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: COHEN, JASON  
Address: 4949 S CONGRESS AVE B 2  
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Delete  
Name: COHEN, JERRY  
Address: 4949 S CONGRESS AVE B 2  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COHEN, STAN  
Address: 20180 BACK NINE DR.  
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Change ( ) Addition  
Name: COHEN, JERRY  
Address: 4949 S CONGRESS AVE B 2  
City-St-Zip: BOCA RATON, FL 33428

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY COHEN

D

01/19/2006

Electronic Signature of Signing Officer or Director

Date