2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104532

Entity Name: ALL ABOUT CLOSETS, INC.

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
5606 6TH ST. WEST LEHIGH ACRES, FL 33971 US	
Current Mailing Address:	New Mailing Address:

5606 6TH STREET WEST LEHIGH ACRES, FL 33971 US

FEI Number: 65-1060248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURPHY, JERRY

6750 SEMINOLE AVE
FORT MYERS, FL 33905 US

MURPHY, JERRY
1062 SE 21ST AVE
CAPE CORAL, FL 33990 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: JERRY MURPHY 01/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: MURPHY, JERRY MURPHY, JERRY Name: Name: 5606 6TH ST. WEST 1062 SE 21ST AVE Address: Address: CAPE CORAL, FL 33990 City-St-Zip: LEHIGH ACRES,, FL 33971 City-St-Zip: Title: **VSTD** Title: **VSTD** () Delete (X) Change () Addition

 Name:
 SHARP, JAY
 Name:
 SHARP, JAY

 Address:
 5606 6TH ST. WEST
 Address:
 6135 HOLT CT.

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:
 FORT MYERS, FL 33905

Title: S () Delete Title: () Change () Addition

 Name:
 ROESSNER, BARBERA
 Name:

 Address:
 16690 OAK GROVE CT
 Address:

 City-St-Zip:
 ALVA, FL 33920
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 BUNING, JOANNE
 Name:

 Address:
 777 WILSON AVE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 MURPHY PD 01/10/2005