2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104532

Entity Name: ALL ABOUT CLOSETS, INC.

FILED Feb 21, 2007 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
1062 SE 21ST AVE

MURPHY, JERRY
5606 6TH ST WEST

CAPE CORAL, FL 33990 US LEHIGH ACRES, 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 02/21/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MURPHY, JERRY
 Name:
 MURPHY, JERRY

 Address:
 1062 SE 21ST AVE
 Address:
 5606 6TH ST. WEST

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:
 LEHIGH ACRES, FL 33971

Title: VSTD () Delete Title: VSTD (X) Change () Addition

 Name:
 SHARP, JAY
 Name:
 SHARP, JAY

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

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

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

 Name:
 ROESSNER, BARBERA
 Name:
 SHARP, JAY

 Address:
 16690 OAK GROVE CT
 Address:
 5606 6TH ST. WEST

 City-St-Zip:
 ALVA, FL 33920
 City-St-Zip:
 LEHIGH ACRES, FL 33971

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

 Name:
 BUNING, JOANNE
 Name:
 SHARP, JAY

 Address:
 3826 MIRA LAGO DR.
 Address:
 5606 6TH ST. WEST

 City-St-Zip:
 SARASOTA, FL 34238
 City-St-Zip:
 LEHIGH ACRES, FL 33971

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 MURPHY PD 02/21/2007