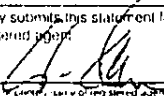
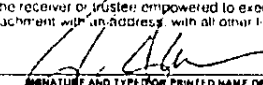


FILED
Apr 24, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000010677																																		
1. Entity Name ALL IN THE STARS, INC.																																		
Principal Place of Business 200 S. ORANGE AVENUE SUITE 2025 ORLANDO, FL 32801	Mailing Address 200 S. ORANGE AVENUE SUITE 2025 ORLANDO, FL 32801	 04152008 No Cng-P CR2E034 (11/05) 4. FEI Number 59-3719596 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801																																		
DO NOT WRITE IN THIS SPACE																																		
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 and required information required) 9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00																																		
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PSTD</td></tr><tr><td>NAME</td><td>QUEREN, WOLFGANG</td></tr><tr><td>STREET ADDRESS</td><td>200 S. ORANGE AVENUE, SUITE 2025</td></tr><tr><td>CITY-STATE-ZIP</td><td>ORLANDO, FL 32801</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr></table>		TITLE	PSTD	NAME	QUEREN, WOLFGANG	STREET ADDRESS	200 S. ORANGE AVENUE, SUITE 2025	CITY-STATE-ZIP	ORLANDO, FL 32801	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		U00000918760 05/13/08-80094-015 150.00 DO NOT WRITE IN THIS SPACE
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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. SIGNATURE:  April 17 08 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date																																		