

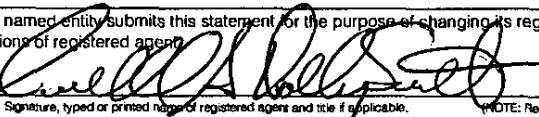
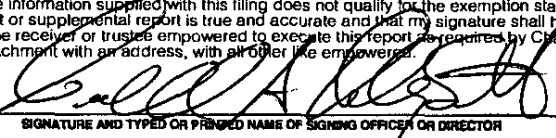


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90030 041 ***150.00

DOCUMENT # P01000010951					
1. Entity Name ALL RIGHT PROFESSIONAL SERVICES, INC.					
Principal Place of Business 15751 SHERIDAN ST., #104 SOUTHWEST RANCHES, FL 33331			Mailing Address 15751 SHERIDAN ST., #104 SUITE 135 SOUTHWEST RANCHES, FL 33331		
2. Principal Place of Business 15751 SHERIDAN ST. Suite, Apt. #, etc. SUITE 105 City & State SOUTHWEST RANCHES FL Zip 33331		3. Mailing Address 15751 SHERIDAN ST. Suite, Apt. #, etc. SUITE 105 City & State SOUTHWEST RANCHES FL Zip 33331			
4. FEI Number 65-1081440				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLINGSWORTH, NEWELL ALAN 4710 SW 199TH AVENUE SOUTH WEST RANCHES, FL 33332			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  NEWELL A. HOLLINGSWORTH 3-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOLLINGSWORTH, NEWELL ALAN 4710 SW 199TH AVENUE SOUTH WEST RANCHES, FL 33332	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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 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 life empowered.					
SIGNATURE: 		3-27-04		9544340555	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	