
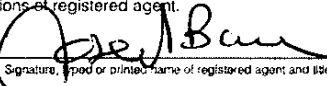



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90019 001 ***150.00

DOCUMENT # P01000018001 1. Entity Name ALL PLUS INSURANCE SERVICES, INC.					
Principal Place of Business 2624 WEST CLEVELAND AVENUE TAMPA, FL 33609			Mailing Address ALL PLUS INS. SERVICES, INC. PO BOX 26254 TAMPA, FL 33629-6254		
2. Principal Place of Business - No P.O. Box # 3119 West DeLeon St		3. Mailing Address Suite, Apt. #, etc. #12			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-3707375	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUER, JOSEPH T 2624 WEST CLEVELAND AVENUE TAMPA, FL 33609			7. Name and Address of New Registered Agent Name BAUER, JOSEPH T Street Address (P.O. Box Number is Not Acceptable) 3119 West DeLeon Street #12 City Tampa FL Zip Code 33609		
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:  DATE: 4/29/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPVS BAUER, JOSEPH T 2624 WEST CLEVELAND AVENUE TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3119 West DeLeon St #12 Tampa, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS BAUER, JOSEPH T 2624 WEST CLEVELAND AVENUE TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: 			Date: 4/29/07 Daytime Phone #: 813-350-9868		