2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025727

38 PINE ARBOR DRIVE

ORLANDO, FL 32825

Address:

City-St-Zip:

Entity Name: ALL IN ONE OFFICE SERVICES INC.

FILED Mar 26, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	
38 PINE ARBOR DRIVE ORLANDO, FL 32825 Current Mailing Address:			11100 E. COLONIAL DRIVE # 28 ORLANDO, FL 32817 New Mailing Address:	
FEI Number	r: 59-3720624	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
38 PINE A	D, YVETTE M ARBOR DRIVE D, FL 32825	US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
SIGNATU				
		nic Signature of Registered Age	ent	
Election Ca				Date
	ımpaign Financin	g Trust Fund Contribution ().		Date
OFFICER	S AND DIREC	- , ,	ADDITIONS/CHANG	Date BES TO OFFICERS AND DIRECTOR
Title: Name: Address:	S AND DIREC	TORS:) Delete ETTE M R DRIVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	PRES (ITURRINO, YVI 38 PINE ARBO ORLANDO, FL	PTORS:) Delete ETTE M R DRIVE 32825) Delete ETTE M R DRIVE	Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip: Title: Name: Address:	PRES (ITURRINO, YVI 38 PINE ARBO ORLANDO, FL VPRE (ITURRINO, YVI 38 PINE ARBO ORLANDO, FL	ETORS:) Delete ETTE M R DRIVE 32825) Delete ETTE M R DRIVE 32825) Delete EXALINDA R DRIVE	Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: YVETTE ITURRINO MRS 03/26/2005