2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2007 08:00 A Secretary of State

DOCUMENT # P01000047654 1. Entity Name ALL ABOUT GREEN, INC.			Secretary of State				
Principal Place 685 REILLYS F PORT ORANGE	ROAD	Aailing Address 685 REILLYS ROAD PORT ORANGE, FL 32127					
DO NOT WRITE IN THIS SPACE			CE	02252007 4. FEI Number 59-371		CR2E034 (11	atter #1929#1 22 1946
					of Status Desired	□ \$8.75 Fee Re	Additional
	6. Name and Address of Current Regi	stered Agent		54.47			
BOUCHARD, MARC 685 REILLYS ROAD PORT ORANGE, FL 32127			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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	00 May Se ad to Fees	U0000000 03/27/07-1	68731	150.00
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		- J. v . 1 . 12
NAME STREET ADDRESS	PT BOUCHARD, MARC 685 REILLYS ROAD PORT ORANGE, FL 32127				·		-
NAME STREET ADDRESS	VPS BOUCHARD, JULIE 685 REILLYS ROAD PORT ORANGE, FL 32127	•		• •			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		DO	NOT W	RITE	-
NAME STREET ADDRESS CITY-ST-7IP				IN T	THIS SF	ACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							The control of the co
12. I hereby ce	ertify that the information supplied with this	filing does not qualify for the eve	emptions contained	in Chanter 119	Florida Statutes I	further certify that	the information

12. I hereby certify that the information supplied with this hiring does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

586-788-7882

Daytime Phone #