FILED , 2006 FOR PROFIT CORPORATION May 15, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000069408 ALL BOOKKEEPING SERVICES, INC. Principal Place of Business Mailing Address 2801 PRAIRIE AVE. 2801 PRAIRIE AVE. MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 05112006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1123731 5. Certificate of Status Desired

CR2E034 (11/05)

Applied For

Not Applicable \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAKA, SANDY S 2801 PRAIRIE AVE.

SIGNATURE: _

DO NOT WRITE

MIAMI BEACH, FL 33140			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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered			d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Final Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAKA, SANDY 2801 PRAIRIE AVENUE MIAMI BEACH, FL 33140				U00000564394 05/20/06-80062-014 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 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 exployed 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.						

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR