2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005
Secretary of State

DOCUMENT# P01000080561

Entity Name: ALL DAY CONSULTING & FINANCIAL SERVICES INC.

Current Principal Place of Business:

123 N CONGRESS AVE
191
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

123 N CONGRESS AVE
191
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 52-2343912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAHAM, DAYAN
123 N CONGRESS AVE
191
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ABRAHAM, DAYAN
Address: 123 N CONGRESS AVE, #191
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP,D ( ) Delete
Name: ABRAHAM, ALLISON
Address: 123 N. CONGRESS AVE,#191
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP,D ( ) Delete
Name: ABRAHAM, ROBERT
Address: 1375 GATEWAY BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAYAN ABRAHAM PD 06/27/2005

Electronic Signature of Signing Officer or Director — Date