


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

02-16-2007 90025 027 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000110520			
1. Entity Name ALL-ADS-INC.COM			
Principal Place of Business 210 KAISER COURT PALM BAY, FL 32909		Mailing Address 2918 PAINE LANE ORLANDO, FL 32826	
2. Principal Place of Business - No P.O. Box # 2918 PAINE LN		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State	
Zip 32826	Country USA	Zip	Country
4. FEI Number 27-0001274		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANLEY, CHARLES W 210 KAISER COURT PALM BAY, FL 32909		7. Name and Address of New Registered Agent Name STANLEY, CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 1570 JENSON TER City PALM BAY FL Zip Code 32909	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	P STANLEY, CHARLES W 210 KAISER COURT PALM BAY, FL 32909 <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	VCEO STANLEY, D R 2918 PAINE LANE ORLANDO, FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beasley, D R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2918 PAINE LN ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MORRIS, LAURA 1530 NEPTUNE RD KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Helena Stanley 1570 JENSON TER PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, LAURA 1530 NEPTUNE RD KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Helena Stanley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1570 JENSON TER PALM BAY, FL 32909
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: Charles W Stanley		2/13/07 321-228-0601	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	