

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115688

FILED
Apr 12, 2007
Secretary of State

Entity Name: ALL STATE SERVICE SOLUTION, INC.

Current Principal Place of Business:

90340 PINE ISLAND ROAD
CLERMONT, FL 34711 US

New Principal Place of Business:

9030 PINE ISLAND ROAD
CLERMONT, FL 34711 US

Current Mailing Address:

9030 PINE ISLAND ROAD
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 01-0561524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CAROLINE
5950 LAKEHURST DR
246
ORLANDO, FL 34711 US

Name and Address of New Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIRCLE
40
ORLANDO, FL 32819 US

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: CAROLINE LARSON

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KRUGER BELTRAN SILVA, JULIEN
Address: 9030 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711 US

Title: DVP () Delete
Name: SILVA, JOAO F
Address: 9030 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711 US

Title: S () Delete
Name: MAGALHAES, DIEGO
Address: 90340 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SILVA, JOAO F
Address: 9030 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711 US

Title: DVP (X) Change () Addition
Name: KRUGER SILVA, JULIEN
Address: 9030 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711 US

Title: S (X) Change () Addition
Name: FERNANDES, FERNANDO
Address: 9030 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOAO SILVA

P

04/12/2007

Electronic Signature of Signing Officer or Director

Date