2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# P01000115688

Entity Name: ALL STATE SERVICE SOLUTION, INC.

Current Principal Place of Business:

9030 PINE ISLAND ROAD
CLERMONT, FL 34711 US

New Principal Place of Business:

9134 PINE ISLAND ROAD
CLERMONT, FL 34711 US

Current Mailing Address:

9030 PINE ISLAND ROAD
CLERMONT, FL 34711 US

New Mailing Address:

9134 PINE ISLAND ROAD
CLERMONT, FL 34711 US

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
8818 COMMODITY CIRCLE
40
ORLANDO, FL 32819 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: DP ( ) Delete
Name: SILVA, JOAO F
Address: 9030 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711 US

Title: DVP ( ) Delete
Name: KRUGER SILVA, JULIEN
Address: 9030 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: 9134 PINE ISLAND ROAD
City-St-Zip: CLERMONT, FL 34711 US

Title: DVP (X) Change ( ) Addition
Name: KRUGER SILVA, JULIEN
Address: 9134 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 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 FLAVIO SILVA DP 05/05/2009

Electronic Signature of Signing Officer or Director Date