


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90103 026 ***150.00

DOCUMENT # P02000091796		
1. Entity Name ALL-IN-ONE CONSULTING, INC.		

Principal Place of Business 14104 58TH STREET NORTH CLEARWATER, FL 33760	Mailing Address 14104 58TH STREET NORTH CLEARWATER, FL 33760
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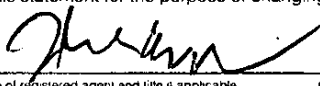


2. Principal Place of Business 16355 REDINGTON DRIVE REDINGTON BEACH, FLORIDA	3. Mailing Address SAME
Suite, Apt. #, etc. FLORIDA	Suite, Apt. #, etc. L
City & State FLORIDA	City & State L
Zip 33708	Country ANGLIS

1st MOORE CR2E034 (10/05)

4. FEI Number 02-0639325		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALKER, T.O.A. 14104 58TH STREET NORTH CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name TOM WALKER Street Address (P.O. Box Number is Not Acceptable) 16355 REDINGTON DRIVE City REDINGTON BEACH FL Zip Code 33708

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  DATE **2/17/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIGNAC, RENE V JR 14104 58TH STREET NORTH CLEARWATER, FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16355 REDINGTON DRIVE REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEPERGOLA, THOMAS J 14104 58TH STREET NORTH CLEARWATER, FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, THOMAS G 14104 58TH STREET NORTH CLEARWATER, FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition L
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
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 Section 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:  DATE **2/17/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR