2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90107 021 ***150.00

DOCUMENT # P03000060099

1. Entity Name
ALL IN 1 RESTORATION, INC.

04182008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
615 WHITNEY AVE. SUITE 4 LANTANA, FL 33462	615 WHITNEY AVE. SUITE 4 LANTANA, FL 33462

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
619 Whitney Ave		619 Whitney Ave	
Suite, Apt. #, etc.: Suite 3		Suite, Apt. #, etc.: Suite 3	
City & State: Lantana, FL		City & State: Lantana, FL	
Zip: 33462	Country: US	Zip: 33462	Country: US

4. FEI Number 11-3694483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, BRAD
615 WHITNEY AVE
SUITE 4
LANTANA, FL 33463

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 619 Whitney Ave, Ste 3
City Lantana FL Zip Code 33462

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP BAILEY, BRAD W 615 WHITNEY AVE. SUITE 4 LANTANA, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Bailey, Brad W 619 Whitney Ave, Ste 3 Lantana, FL 33462	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Brad W Bailey 4-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #