

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90382 042 \*\*\*150.00

<b>DOCUMENT # P03000115161</b> 1. Entity Name <b>ALL ACCESS HEALTHCARE SERVICES, INC.</b>					
Principal Place of Business      Mailing Address <b>2101 Vista Parkway, #273      2101 Vista Pkwy, #273</b> <b>West Palm Beach, Fl. 33411      West Palm Beach, Fl. 33411</b>					
2. Principal Place of Business - No P.O. Box # <b>2101 Vista Parkway</b> Suite, Apt. #, etc. <b>273</b>		3. Mailing Address <b>2101 Vista Parkway</b> Suite, Apt. #, etc. <b>273</b>		04232008      Chg-P      CR2E034 (12/06)	
City & State <b>WEST PALM BEACH, FL.</b> Zip      Country <b>33411      PALM BEACH</b>		City & State      Fl <b>West Palm Beach, Fl</b> Zip      Country <b>33411      Palm Beach</b>		4. FEI Number <b>27-0069554</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CHIN, JEWEL D</b> <b>6314 G PEMBROKE ROAD</b> <b>MIRAMAR, FL 33023</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City      FL      Zip Code	
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: <i>Jewel D Chin</i> (Jewel Chin)      DATE: <i>4/25/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CHIN, HEWIE C 101 MILLPOND LANE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CHIN, JEWEL D 101 MILLPOND LANE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <i>Jewel D Chin</i> DATE: <i>4/25/08</i> DAYTIME PHONE #: <i>954 965 5531</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					