FILED
Jun 26, 2006 8:00 am
Secretary of State

06-07-2006 90002 009 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135055

1. Entity Name
ALL IN THE BAG, INC.

66020737

05222006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
SUITE B 2714 COFFEE POT BLVD. ST. PETERSBURG, FL 33704	~~35246 US HWY 19 N~~ ~~#311~~ ~~PALM HARBOR~~, FL 34684

2. Principal Place of Business		3. Mailing Address	
		PO Box 1034	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Harbor, FL	
Zip	Country	Zip 34683	Country US

4. FEI Number 32-0098813 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HETZEL, TARA 35246 ~~US 19 N~~ #311 PALM ~~HARBOR~~, FL 34684	Name Street Address (P.O. Box Number is Not Acceptable) 631 Green Valley Rd #G5 ~~PO Box 1034~~ City Palm Harbor FL Zip Code 34683

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 THetzel
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 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABIE, AMY L SUITE B ST PETERSBURG, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Amy L Labie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #