2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# P03000157772

Entity Name: ALL TRADES RESTORATION OF SW FLORIDA, INC.

Current Principal Place of Business:

17050 ALICO COMMERCE CT #5
FT MYERS, FL 33967

New Principal Place of Business:

17061 ALICO COMMERCE CT #101
FT MYERS, FL 33967

Current Mailing Address:

17050 ALICO COMMERCE CT #5
FT MYERS, FL 33967

New Mailing Address:

17061 ALICO COMMERCE CT #101
FT MYERS, FL 33967

FEI Number: 56-2425545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, ROBERT MR.
C/O GULF COAST RESTORATION
17050 ALICO COMMERCE CT #5
FT MYERS, FL 33967 US

Name and Address of New Registered Agent:

GORDON, ROBERT MR.
C/O GULF COAST RESTORATION
17061 ALICO COMMERCE CT #101
FT MYERS, FL 33967 US

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: ROBERT GORDON 01/11/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MRS ( ) Delete
Name: GORDON, MELINDA
Address: 17050 ALICO COMMERCE CT #5
City-St-Zip: FT MYERS, FL 33967

Title: D ( ) Delete
Name: GORDON, ROBERT MR
Address: 17050 ALICO COMMERCE CT #5
City-St-Zip: FT MYERS, FL 33967

Title: VP ( ) Delete
Name: WHITE, KEVIN
Address: 11360 LAKE CYPRESS LOOP
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition
Name: GORDON, MELINDA
Address: 17061 ALICO COMMERCE CT #101
City-St-Zip: FT MYERS, FL 33967

Title: D (X) Change ( ) Addition
Name: GORDON, ROBERT MR
Address: 17061 ALICO COMMERCE CT #101
City-St-Zip: FT MYERS, FL 33967

Title: VP (X) Change ( ) Addition
Name: WHITE, KEVIN
Address: 17061 ALICO COMMERCE CT #101
City-St-Zip: FT MYERS, FL 33967

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: ROBERT GORDON OFFI 01/11/2008
Electronic Signature of Signing Officer or Director Date