

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003409

FILED
Aug 21, 2006
Secretary of State

Entity Name: ALL ABOUT WOOD ROOMS, INC.

Current Principal Place of Business:

13653 MACAPA RD.
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

13653 MACAPA RD.
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 20-0578613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTSON, DARRELL
13653 MACAPA RD.
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBERTSON, DARRELL
Address: 13653 MACAPA RD.
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: S () Delete
Name: NOBLES, ERIC
Address: 13653 MACAPA RD.
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: V (X) Delete
Name: HIXON, STEVE
Address: 13635 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32226 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: ALBERTSON, DARRELL
Address: 13653 MACAPA RD.
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP (X) Change () Addition
Name: HIXON, STEVE
Address: 27332 KARA CIRCLE
City-St-Zip: HILLIARD, FL 32046 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DARRELL ALBERTSON

P/S

08/21/2006

Electronic Signature of Signing Officer or Director

_____ Date