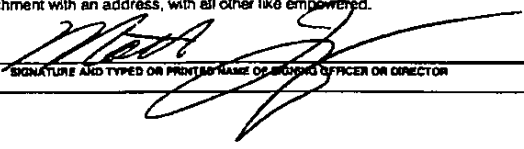


FILED
May 11, 2005 8:00 am
Secretary of State

04-13-2005 90041 029 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000007791			
1. Entity Name AALL SERVICES, INC.			
Principal Place of Business 1290 28TH AVE VERO BEACH, FL 32960		Mailing Address 1290 28TH AVE VERO BEACH, FL 32960	
2. Principal Place of Business 565 MICHAEL ST.		3. Mailing Address 565 MICHAEL ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SEBASTIAN, FL		City & State SEBASTIAN, FL	
Zip 32958		Zip 32958	
Country U.S.		Country U.S.	
4. FEI Number 20-0624648		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LACKEY, MATTHEW 1290 28TH AVE VERO BEACH, FL 32960		7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 565 MICHAEL ST. City SEBASTIAN FL Zip Code 32958	
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 _____ (NOTE: Registered Agent signature required when reappointing)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P LACKEY, MATTHEW 1290 28TH AVE VERO BEACH, FL 32960 565 MICHAEL ST. SEBASTIAN, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V LACKEY, RACHAEL 1290 28TH AVE VERO BEACH, FL 32960 565 MICHAEL ST. SEBASTIAN FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 exemption stated in Section 119.07(3)(i), 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: 		Date 4/9/05 772-589-2581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66016598



01202005 Chg-P CR2E034 (10/03)