2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011902

Entity Name: ALL AMERICAN CONSTRUCTION, INC.

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9428 BAYMEADOWS RD 3390 KORI RD

STE. 500 STE: 1

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

9428 BAYMEADOWS RD 3390 KORI RD

STE. 500 STE: 1

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32257

FEI Number: 20-0607703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOECKEL, STANLEY B 3439 DOCKSIDER DR. S. JACKSONVILLE, FL 32257 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BOND, GARY
 Name:
 BOND, GARY

 Address:
 9428 BAYMEADOWS RD #500
 Address:
 3390 KORI RD #1

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32257

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 MCCOMB, KENNETH
 Name:
 MCCOMB, KENNETH

 Address:
 9428 BAYMEADOWS RD
 Address:
 3390 KORI RD #1

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32257

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 BOND, AMANDA
 Name:
 BOND, AMANDA

 Address:
 9428 BAYMEADOWS RD.. #500
 Address:
 3390 KORI RD #1

Address: 9428 BAYMEADOWS RD., #500 Address: 3390 KORI RD #1
City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32257

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: GARY BOND PD 03/17/2009