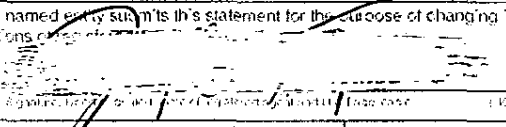
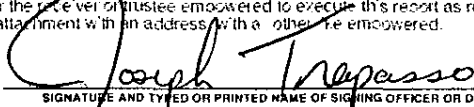


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90041 010 ***150.00

DOCUMENT # P04000016872 1. Entity Name ALL ABOUT SPECIAL EVENTS, INC.					
Principal Place of Business 801 W. OAKLAND PARK BLVD. B-15 OAKLAND PARK, FL 33311			Mailing Address 801 W. OAKLAND PARK BLVD. B-15 OAKLAND PARK, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRAPASSO, JOSEPH L 801 W. OAKLAND PARK BLVD. B-15 OAKLAND PARK, FL 33311				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits its 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 the corporation.					
SIGNATURE: 					
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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TRAPASSO, JOSEPH L		NAME		
STREET ADDRESS	801 W. OAKLAND PARK BLVD., SUITE B-15		STREET ADDRESS		
CITY & ZIP	OAKLAND PARK, FL 33311		CITY & ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LYNAM, JOHN L		NAME		
STREET ADDRESS	801 W. OAKLAND PARK BLVD., SUITE B-15		STREET ADDRESS		
CITY & ZIP	OAKLAND PARK, FL 33311		CITY & ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY & ZIP			CITY & ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY & ZIP			CITY & ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY & ZIP			CITY & ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a other fee empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					