

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90286 011 ***150.00

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| DOCUMENT # P04000025387 1. Entity Name ALL QUEST INC. | | | |
| Principal Place of Business 149 NW 1ST STREET WILLISTON, FL 32696 US | | Mailing Address 149 NW 1ST STREET WILLISTON, FL 32696 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 115 NW 1st Street Suite, Apt. #, etc. | |
| City & State City: Williston State: FL | | 4. FEI Number 20-0751090 | |
| Zip 32696 | | Country US | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BECKHAM, TRISHA 149 NW 1ST STREET WILLISTON, FL 32696 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIR GREENE, NANCY <input type="checkbox"/> Delete 149 NW 1ST STREET WILLISTON, FL 32696 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIR Greene, Nancy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 NW 1st Street Williston, FL 32696 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 10/3/06 Daytime Phone # | |