


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90176 030 ***158.75

DOCUMENT # P04000051370	
1. Entity Name DO ALL REPAIRS, INC.	

Principal Place of Business 8408 E. COLONIAL DR. ORLANDO, FL 32817	Mailing Address 8408 E. COLONIAL DR. ORLANDO, FL 32817
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50047921



2. Principal Place of Business 4519 Appleby Ct.	3. Mailing Address 4519 Appleby Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

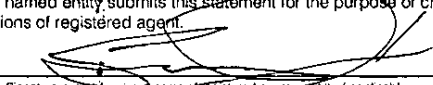
05022005 Chg-P CR2E034 (10/03)

City & State Orlando, FL	City & State Orlando, FL
Zip 32817	Zip 32817
Country USA	Country USA

4. FEI Number 32-0109449	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ISLA, MANUEL F 8408 E. COLONIAL DR. ORLANDO, FL 32817	
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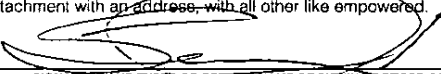
7. Name and Address of New Registered Agent	
Name Sean P. Jordan	
Street Address (P.O. Box Number is Not Acceptable) 4519 Appleby Ct	
City Orlando	FL Zip Code 32817

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 	DATE 5-2-05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D JORDAN, SEAN P 4519 APPLEBY CT. ORLANDO, FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D LARSON, SCOTT 4511 APPLEBY CT. ORLANDO, FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D ISLA, MANUEL F 8408 E. COLONIAL DR. ORLANDO, FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 5-2-05 DAYTIME PHONE # 407-230-3340