2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000053091

1. Entity Name

ALL IN ONE EXTERIORS, INC.

Principal Place of Business	Mailing Address
1128 ROYAL PALM BCH BLVD #284 ROYAL PALM BCH FL 33411	1128 ROYAL PALM BCH BLVD #284 ROYAL PALM BCH FL 33411

FILED

05 FEB 10 PM 4: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc.	Suite, Apt. #, etc		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 20-0946967   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEGIROLARMO, PETER JR 1128 ROYAL PALM BCH BLVD #284 ROYAL PALM BCH FL 33411	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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 D ☐ Delete NAME DEGIROLARMO, PETER JR STREET ADDRESS 1128 ROYAL PALM BCH BLVD #284 CITY-ST-ZIP ROYAL PALM BCH FL 33411	TITLE ☐ Change ☐ Addition NAME U00000186587 STREET ADDRESS 01/27/05-80001-014 150.00 CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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: _Peter De Girolamo Jr_   1/22/05   791-9822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #