2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

	Annyai	REPURI			- 14T	ay 01, 2	000 00		THIVE
DOCUMENT # P04000102518 1. Entity Name ALL TECH DEPOT, INC.						Secreta	ry of S	itat	e
Principal Place of Business Mailing Address									
1762 SW DAY ST Port St Lucie, Fl. 34953		1762 SW DAY ST PORT ST LUCIE, FL 34953		ני און השפונים וויים	שושם ווושע ווושם וומע וומע	מות נשפון פוועה ווסגו ה	ושנו ושופנו ה	ועלט מ מחרת	
Principal Place of Business Mailing Address			······································						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062006	Chg-P	CR2E034 (1	1/05)	
City & State		City & State			4. FEI Number 20-1346			h	plied For Applicable
Zîp	Country	Zip	Coun	fry	5. Certificate o	f Status Desired	☐ \$8.7 Fee F	5 Add Requires	itional i
	6. Name and Address of Current	Registered Agent			7. Name and /	ddress of New Re	gistered Agent		,
LEMANSKI, STEPHEN B 1762 SW DAY ST PORT ST LUCIE, FL 34953				Name Street Address (P.O. Box Number	is Not Acceptable		ip Code	
				City			FL	ip cour	•
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or register	red agent, or both	, in the State of Flor	rida. Fam familia	ar will,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title it applicable (NO	TE Registere	ā Agent signatura raquirac	र्वकात स्टांस्डरेखीं गर्च }		DATE		
Fil: After Ma	E NOWII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Camp. Trust Fund Cor		ncing \$5.	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFE	CERS AND DIRE	CTORS	IN 11
1317E	DST	☐ Delete	TITL	1				ักลก ดูอ	☐ Addition
KAME	LEMANSKI, JILL M		NAM	,		U00000 05/16/06	0555142_		
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TITLE	DP	☐ Delete	mu	E				hange .	☐ Addition
KAME	LEMANSKI, STEPHEN B		NAME	E					
STREET ADDRESS	1762 SW DAY ST			ET ADDRESS					
CITY-ST-ZIP	PORT ST LUCIE, FL 34953		City	- ST- ZIP				 .	
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NAME		L.J UEIDIE	NAME	1			L V	อนเกฏช	וממוטטא []
STREET ADDRESS			STRE	ET ADDRESS					
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TITLE {		☐ Delele	TITLE	4				hange	Addition
STREET ADDRESS			•	ET ADDRESS					ļ
CITY-ST-ZIF				-SI-ZIP					
12. Thereby of indicated of the corr	pertily that the information supplied will on this report or supplemental report is poration or the receiver or trusted emplor or on an attachment with an address.	This filing does not qualify to true and accurate and that true and lotter like amount of the true and that true and the accurate accurate and the accurate accurate and the accurate ac	or the exe my signal t as requi	emptions contained ture shall have the red by Chapter 607	l in Chapler 119, same legal effect , Florida Statutes;	Florida Statutes. I t as if made under or and that my name	urther certily that ailt; that I am an appears in Bloc	at the in officer of 10 or	formation or director Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OWNECTOR