2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000108320

Entity Name: ALL FLORIDA FIRM, INC.

FILED Jul 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

465 S VOLUSIA AV SUITE C 813 DELTONA BLVD, SUITE A

ORANGE CITY, FL 32763 DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

465 S VOLUSIA AV SUITE C 813 DELTONA BLVD, SUITE A

DELTONA, FL 32725 ORANGE CITY, FL 32763

FEI Number: 20-4814355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAMISON MARK JESSUP SR INC 465 S VOLUSIA AV SUITE C ORANGE CITY, FL 32763

JAMISON MARK JESSUP SR INC 813 DELTONA BLVD, SUITE A DELTONA, FL 32725

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.

SIGNATURE: JAMISON JESSUP AS PRESIDENT FOR RA 07/11/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: (X) Change () Addition JESSUP, JAMISON M SR. JESSUP, JAMISON M SR. Name: Name: 465 S VOLUSIA AV SUITE C 813 DELTONA BLVD, SUITE A Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: DELTONA, FL 32725

Title: AS Title: (X) Change () Addition () Delete AS WHARTON, CRYSTAL Name: Name: SMITH. HEATHER

465 S VOLUSIA AV SUITE C 813 DELTONA BLVD, SUITE A Address: Address: ORANGE CITY, FL 32763 DELTONA, FL 32725 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: AS () Delete AS NEWMAN, DEVIN NEWMAN, DEVIN Name: Name:

465 S VOLUSIA AV SUITE C 813 DELTONA BLVD, SUITE A Address: Address:

City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: DELTONA, FL 32725

Title: (X) Delete Title: () Change () Addition Name:

SMITH, JACQUELINE Name: Address: 465 S VOLUSIA AV SUITE C Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMISON M JESSUP SR **PRES** 07/11/2007

Electronic Signature of Signing Officer or Director

Date