

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90001 021 \*\*\*150.00

<b>DOCUMENT # P04000119331</b>			
<b>1. Entity Name</b> ALL IN ONE SCREENING, INC.			
<b>Principal Place of Business</b> 2962 SE DALHART RD PT ST LUCIE FL 34952		<b>Mailing Address</b> 2962 SE DALHART RD PT ST LUCIE FL 34952	
<b>2. Principal Place of Business</b> 2962 SE DALHART RD Suite, Apt. #, etc. HOME City & State PT SAINT LUCIE FL Zip 34952 Country USA		<b>3. Mailing Address</b> 2962 SE DALHART RD Suite, Apt. #, etc. HOME City & State PT SAINT LUCIE FL Zip 34952 Country USA	
<b>4. FEI Number</b> 35-2253002		<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> INGERSOLL, DAVID 2962 SE DALHART RD PT ST LUCIE FL 34952		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE: <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 7, 2005</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> P <b>NAME</b> INGERSOLL, DAVID <b>STREET ADDRESS</b> 2962 SE DALHART RD <b>CITY-ST-ZIP</b> PT ST LUCIE FL 34952	<input type="checkbox"/> <b>Delete</b>		
<b>TITLE</b> V <b>NAME</b> INGERSOLL, EVELINA <b>STREET ADDRESS</b> 2962 SE DALHART RD <b>CITY-ST-ZIP</b> PT ST LUCIE FL 34952	<input type="checkbox"/> <b>Delete</b>		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> <b>Delete</b>		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> <b>Delete</b>		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> <b>Delete</b>		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> <b>Delete</b>		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
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<b>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.</b>			
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-3-05 772-335753 <small>Date Daytime Phone</small>	