



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000138834</b>		
1. Entity Name ALL SCREAM, INC.		
Principal Place of Business 261 COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931	Mailing Address 261 COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  THOMAS, JEFFREY E 6430 S. HWY A1A MELBOURNE BEACH, FL 32957		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD THOMAS, JEFFREY E 6430 S. HWY. A1A MELBOURNE BEACH, FL 32957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THOMAS, HELEN 6430 S. HWY. A1A MELBOURNE BEACH, FL 32957	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4/11/06 321-7680 <small>Date Daytime Phone #</small>



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1710704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000509735  
04/28/06-80055-019 150.00

**DO NOT WRITE  
IN THIS SPACE**