


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90104 041 ***150.00

DOCUMENT # P04000160252 1. Entity Name ALL FLORIDA REAL ESTATE SCHOOLS, INC.	
---	---

Principal Place of Business 1648 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952	Mailing Address 1648 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952
---	---

40056484



2. Principal Place of Business 9156 S FEDERAL HIGHWAY Suite, Apt. #, etc.	3. Mailing Address 9156 S. FEDERAL HIGHWAY Suite, Apt. #, etc.
---	--

03042006 Chg-P CR2E034 (11/05)

City & State PORT ST LUCIE, FL Zip 34952	Country USA	City & State PORT ST LUCIE, FL Zip 34952	Country USA
---	----------------	---	----------------

4. FEI Number 73-1729239	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BESSETTE, PAMELA S 1648 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9156 S. FEDERAL HIGHWAY City <u>PORT ST LUCIE</u> FL Zip Code <u>34952</u>
--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSETTE, DAVID L	NAME	5155 NW PALMETTO AVE
STREET ADDRESS	1648 S.E. PORT ST. LUCIE BLVD	STREET ADDRESS	FORT PIERCE, FL 34982
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP	ST/D
TITLE	ST <input type="checkbox"/> Delete	TITLE	ST/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSETTE, PAMELA S	NAME	5155 NW PALMETTO AVE
STREET ADDRESS	1648 S.E. PORT ST. LUCIE BLVD.	STREET ADDRESS	FORT PIERCE, FL 34982
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Pamela S. Besette PAMELA S BESSETTE 7-3-10-06 (772) 335 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #