

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173214

FILED
Apr 30, 2007
Secretary of State

Entity Name: ALL IN ONE PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

1516 SE 14TH STREET, DEL PRADO MALL
#8
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

PO BOX 152987
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 20-2076328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLE, SANDRA E
1516 SE 14TH STREET, DEL PRADO MALL
#8
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: NOBLE, SANDRA E
Address: 3773 HIDDEN ACRES CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: DIR () Delete
Name: MAZZELLA, KARA M
Address: 924 S.E. 15TH STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KARA MAZZELLA

DIR

04/30/2007

Electronic Signature of Signing Officer or Director

Date