
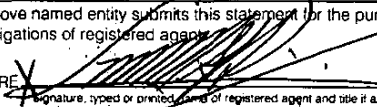
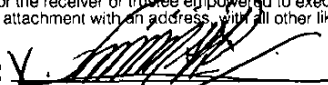


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90013 035 ***150.00

DOCUMENT # P05000004088 1. Entity Name ALL REAL ESTATE & MORTGAGE SERVICES, INC.					
Principal Place of Business 11431 CYPRESS RESERVE DR. TAMPA, FL 33626			Mailing Address 11431 CYPRESS RESERVE DR. TAMPA, FL 33626		
2. Principal Place of Business - No P.O. Box # 605 Crystal Clear Lane Suite, Apt. #, etc.		3. Mailing Address 605 Crystal Clear Lane Suite, Apt. #, etc.			
City & State Lutz, FL Zip 33548		City & State Lutz, FL Zip 33548		4. FEI Number 20-2128334	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent H.B. ROSS & CO. 5243 GALL BLVD SUITE 4 ZEPHYRHILLS, FL 33647				7. Name and Address of New Registered Agent Name Orby Gomez Street Address (P.O. Box Number is Not Acceptable) 605 Crystal Clear Lane City Lutz, FL Zip Code 33548	
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) X 2/26/07 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, ORBY H 11431 CYPRESS RESERVE DR. TAMPA, FL 33626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 Crystal Clear Lane Lutz, FL 33548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, JAMES A 11431 CYPRESS RESERVE DR. TAMPA, FL 33626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 Crystal Clear Lane Lutz, FL 33548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			X 2/26/07 DATE X 813-447-0202 Daytime Phone #		