

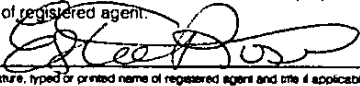
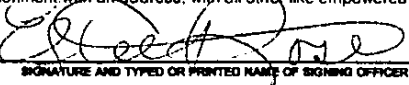


2006 F-1 PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000020972					
1. Entity Name ALL FLORIDA REPS & DISTRIBUTORS, INC.					
Principal Place of Business 3929 US HWY 1 VERO BCH, FL 32960			Mailing Address 3929 US HWY 1 VERO BCH, FL 32960		
2. Principal Place of Business 4013 U.S. Highway 1 Suite, Apt. #, etc.		3. Mailing Address 4013 U.S. Highway 1 Suite, Apt. #, etc.			
City & State Vero Beach, Florida 32960		City & State Vero Beach, Florida 32960			
Zip 32960		Country USA			
4. FEI Number 42-1661315				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02092006 Chg-P CRZE034 (11/05)	
6. Name and Address of Current Registered Agent ROSE, MITCHELL 615 18TH CT VERO BCH, FL 32962			7. Name and Address of New Registered Agent Name ROSE, ESTEE E. Street Address (P.O. Box Number is Not Acceptable) 2314 2nd Street, SW City Vero Beach FL Zip Code 32962		
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 		Estee E. Rose		2/10/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when renewing)		DATE	
Amended AR is \$61.25		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	DPS ROSE, MITCHELL 615 18 CT VERO BCH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROSE, ESTEE E. 2314 2nd Street, SW Vero Beach, FL 32962 <input checked="" 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	000067450200 03/09/06--01017--018 **70.00 <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		
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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: 		Estee E. Rose, Pres.		2/10/06 772-562-7483	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED

06 FEB 22 PM 12:00