

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058286

Entity Name: TAKE ONE ALLSTARS, INC.

FILED  
May 25, 2007  
Secretary of State

## Current Principal Place of Business:

706 ALTAIR AVE.  
FT. MYERS, FL 33913

## New Principal Place of Business:

5649 2ND STREET WEST  
LEHIGH, FL 33971

## Current Mailing Address:

706 ALTAIR AVE.  
FT. MYERS, FL 33913

## New Mailing Address:

FEI Number: 65-1250253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351 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: PD ( ) Delete  
Name: TEREBIENIEC, KELLY  
Address: 706 ALTAIR AVE.  
City-St-Zip: FT. MYERS, FL 33913

Title: D ( ) Delete  
Name: TEREBIENIEC, STEPHAN  
Address: 706 ALTAIR AVE.  
City-St-Zip: FT. MYERS, FL 33913

## 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: KELLY TEREBIENIEC

OWNE

05/25/2007

Electronic Signature of Signing Officer or Director

Date