

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90198 010 \*\*\*150.00

<b>DOCUMENT # P05000079331</b> 1. Entity Name <b>ALL LEVEL, INC.</b>					
Principal Place of Business <b>1859 SPRINGWOOD CIRCLE NORTH</b> <b>CLEARWATER, FL 33763 US</b>			Mailing Address <b>1859 SPRINGWOOD CIRCLE NORTH</b> <b>CLEARWATER, FL 33763 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1161 Glenmoor Ct</b>		3. Mailing Address <b>1161 Glenmoor Ct</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Clearwater FL</b>		City & State <b>Clearwater FL</b>		4. FEI Number <b>20-2941835</b>	
Zip <b>33764</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HOFSTRA, PETER T</b> <b>8640 SEMINOLE BOULEVARD</b> <b>SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>LUTKOWSKI, JOHN F</b> <b>1859 SPRINGWOOD CIRCLE NORTH</b> <b>CLEARWATER, FL 33763</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>LUTKOWSKI, JOHN F</b> <b>1161 Glenmoor Ct</b> <b>Clearwater FL 33764</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>			4/27/08 727543-2842 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					