


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90003 039 \*\*\*150.00

<b>DOCUMENT # P05000088871</b> 1. Entity Name <b>ALL INDUSTRIAL SUPPLIES CORPORATION</b>			
Principal Place of Business 12360 N.W. 106 COURT MEDLEY, FL 33178-1203		Mailing Address 12360 N.W. 106 COURT MEDLEY, FL 33178-1203	
2. Principal Place of Business <b>12360 NW 106 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>12360 NW 106 Ct.</b> Suite, Apt. #, etc.	
City & State <b>MEDLEY, FL</b> Zip <b>33178-1203</b>		City & State <b>MEDLEY, FL</b> Zip <b>33178-1203</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>203047365</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.</b> <b>4435 OLD WINTER GARDEN ROAD</b> <b>ORLANDO, FL 32811</b>		7. Name and Address of New Registered Agent Name <b>TERRENCE LALLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>12360 NW 106 Ct</b> City <b>MEDLEY</b> <b>FL</b> Zip Code <b>33178-1203</b>	
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 <u><b>ALL INDUSTRIAL SUPPLIES CORPORATION</b></u> <span style="float: right;">March 02 2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <input type="checkbox"/> Delete <b>LALLA, KRISHNA</b> <b>LOT 79 DOW VILLAGE, CALIFORNIA</b> <b>TRINIDAD, W.I.,</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P/S/O</b> <b>TERRENCE LALLA</b> <b>6260 NW 173rd St Apt 1121</b> <b>HALEAH FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LALLA, TERRENCE</b> <b>LOT 79 DOW VILLAGE, CALIFORNIA</b> <b>TRINIDAD, W.I.,</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LALLA, LINCOLN</b> <b>LOT 79 DOW VILLAGE, CALIFORNIA</b> <b>TRINIDAD, W.I.,</b>	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: <u><b>TERRENCE LALLA</b></u> <span style="float: right;">March 2nd 2006</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		305 335 8390 <small>Daytime Phone #</small>	