


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P05000092540 1. Entity Name ALL AMERICAN GUTTERS OF SW FLORIDA INC	
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Principal Place of Business 4420 ROSEA CT NAPLES FL 34104 US	Mailing Address 4420 ROSEA CT NAPLES FL 34104 US
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1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 90-0241392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SUBURBAN ACCOUNTING TAX SERVICE, INC. 7340 PROVINCE WAY NAPLES FL 34104

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P DEESE, ALAN R <input type="checkbox"/> Delete
NAME	4420 ROSEA CT
STREET ADDRESS	NAPLES FL 34104
CITY - ST - ZIP	
TITLE	VP DEESE, STEPHANIE L <input type="checkbox"/> Delete
NAME	4420 ROSEA CT.
STREET ADDRESS	NAPLES FL 34104
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000760389
STREET ADDRESS	05/25/07-80011-001 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: 

Date: **4-27-07**
Daytime Phone # _____