

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105155

Entity Name: ALL-N-ONE FASHIONS, INC

FILED  
May 05, 2008  
Secretary of State

## Current Principal Place of Business:

949 JENKS AVE, SUITE  
SUITE 10  
PANAMA CITY, FL 32401

## New Principal Place of Business:

1011 GRACE AVE  
PANAMA CITY, FL 32401

## Current Mailing Address:

949 JENKS AVE, SUITE  
SUITE 10  
PANAMA CITY, FL 32401

## New Mailing Address:

1011 GRACE AVE  
PANAMA CITY, FL 32401

FEI Number: 04-3841372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALL-N-ONE THERAPY, INC  
949 JENKS AVE  
SUITE 10  
PANAMA CITY, FL, FL 32401 US

## Name and Address of New Registered Agent:

ALL-N-ONE THERAPY, INC  
1011 GRACE AVE  
PANAMA CITY, FL, FL 32401 US

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: MARVIN PORTER

05/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PORTER, MARVIN  
Address: 949 JENKS AVE, SUITE 10  
City-St-Zip: PANAMA CITY, FL 32401

Title: V P (X) Delete  
Name: BURNETT, BRENDA  
Address: 949 JENKS AVE, STE 10  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PORTER, MARVIN  
Address: 1011 GRACE AVE  
City-St-Zip: PANAMA CITY, FL 32401

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: MARVIN PORTER

P

05/05/2008

Electronic Signature of Signing Officer or Director

Date