

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117447

FILED
Jun 21, 2007
Secretary of State

Entity Name: ALL KITCHEN APPLIANCE SERVICE INC.

Current Principal Place of Business:

5727 CALAIS LANE
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

5727 CALAIS LANE
ST. PETERSBURG, FL 33714

New Mailing Address:

C/O ACCOUNTING RESULTS, INC.
4824 1ST AVENUE NORTH
ST. PETERSBURG, FL 33713

FEI Number: 20-3403679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, DONALD W.
5727 CALAIS LANE
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

HOOD, DONALD W.
C/O ACCOUNTING RESULTS
4824 1ST AVENUE NORTH
ST. PETERSBURG, FL 33713 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: DONALD W. HOOD

06/21/2007

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: DP () Delete
Name: HOOD, DONALD W.
Address: 5727 CALAIS LANE
City-St-Zip: ST. PETERSBURG, FL 33714

Title: DV (X) Delete
Name: HOOD, DIANNA F.
Address: 5727 CALAIS LANE
City-St-Zip: ST. PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOOD, DONALD W.
Address: 5727 CALAIS LANE
City-St-Zip: ST. PETERSBURG, FL 33714

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: DONALD W. HOOD

PRES

06/21/2007

Electronic Signature of Signing Officer or Director

Date