

FROM :FROM: CALABRO

FAX NO. :352-527-2310

FILED Jun 14, 2006 8:00 am Secretary of State

05-01-2006 90476 047 \*\*\*150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000152919**

1. Entity Name  
**ALL FL INVESTMENT REALTY, INC**

Principal Place of Business: 13651 SE 127 PLACE, DUNNELLON, FL 34431  
Mailing Address: 13651 SE 127 PLACE, DUNNELLON, FL 34431

2. Principal Place of Business: State, Apt. #, etc.  
3. Mailing Address: State, Apt. #, etc.

City & State: City & State  
Zip: Country Zip: Country

4. FEI Number: **20-3785802** Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **SIGLER, AMANDA, 13651 SE 127 PLACE, DUNNELLON, FL 34431**

7. Name and Address of New Registered Agent

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 (not both if applicable). (NOTE: Registered Agent signature required when registered) DATE

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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
P SIGLER, AMANDA 13651 SE 127 PLACE DUNNELLON, FL 34431			
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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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 807, 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 Amanda Sigler **Amanda Sigler** 4/22/06 352-489-7219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Employee Name

66018764



04272008 Chg-P CR2E034 (11/06)

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Table with 4 columns: TITLE NAME STREET ADDRESS CITY- ST- ZIP, checkboxes for Delete/Change/Addition, and another set of the same columns.

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 807, 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.