

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90209 021 ***150.00

DOCUMENT # P05000152919
 1. Entity Name
 ALL FL INVESTMENT REALTY, INC



40071106



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 - No P.O. Box #
 9834 N. Bonita Circle
 Suite, Apt. #, etc.

3. Mailing Address
 9834 N Bonita Cir
 Suite, Apt. #, etc.

City & State
 Dunnellon
 Zip 34434 Country Citrus

City & State
 Dunnellon
 Zip 34434 Country Citrus

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

03122007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-3785802 Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 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	P SIGLER, AMANDA 13651 SE 127 PLACE DUNNELLON, FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9834 N. Bonita Circle Dunnellon, FL 34434
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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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: *Amanda M. Sigler* DATE: *April 17, 07*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #