

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000154879

FILED
Oct 06, 2006
Secretary of State

Entity Name: ALL AMERICAN PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

7465 STATE ROAD 21 NORTH
SUITE C
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

5006 COUNTY ROAD 214 NORTH
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 20-3839639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROFT, SYLVIA A
5006 COUNTY ROAD 214 NORTH
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROFT, SYLVIA A
Address: 5006 COUNTY ROAD 214 NORTH
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP () Delete
Name: RIZZO, MARY E
Address: 6440 WOLVERINE LANE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP (X) Delete
Name: MINOR, ANISSA
Address: 3382 N.E. COUNTY ROAD 219 A
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SYLVIA A. CROFT

P

10/06/2006

Electronic Signature of Signing Officer or Director

Date