2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P05000162095

Entity Name: ALL PHASE RESCREENING & REPAIR CORP.

Current Principal Place of Business:

5350 12TH AVE S.W.
NAPLES, FL 34116

New Principal Place of Business:

5350 TALLOWOOD WAY
NAPLES, FL 34116

Current Mailing Address:

5350 12TH AVE S.W.
NAPLES, FL 34116

New Mailing Address:

5350 TALLOWOOD WAY
NAPLES, FL 34116

FEI Number: 20-3932550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SECKLER, GILFORD
5350 12TH AVE S.W.
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

SECKLER, GILFORD
5350 TALLOWOOD WAY
NAPLES, FL 34116 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: _____ 04/29/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SECKLER, GILFORD
Address: 5350 12TH AVE S.W.
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SECKLER, GILFORD
Address: 5350 TALLOWOOD WAY
City-St-Zip: NAPLES, FL 34116

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: GILFORD SECKLER D 04/29/2007
Electronic Signature of Signing Officer or Director — Date