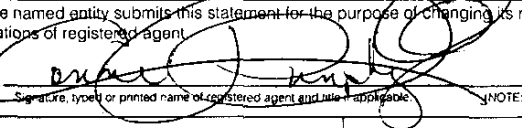


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90047 050 ***150.00

DOCUMENT # P06000017861 1. Entity Name ALL OVER YOU INC.																																					
Principal Place of Business 4820 SW 91ST TERRACE GAINESVILLE, FL 32608-6034			Mailing Address 4820 SW 91ST TERRACE GAINESVILLE, FL 32608-6034																																		
2. Principal Place of Business - No P.O. Box # 5330 SW 91st Terrace		3. Mailing Address 5330 SW 91st Terrace																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State Gainesville Florida		City & State Gainesville Fla 32608		4. FEI Number 204173587																																	
Zip 32608		Country Alackua		Applied For <input type="checkbox"/> Not Applicable																																	
Zip 32608		Country Alackua		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent UMPHREY, CONNIEJO 4820 SW 91ST TERRACE GAINESVILLE, FL 32608-6034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5330 SW 91st Terrace Gainesville Florida 32608 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  DATE Jan 10, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P UMPHREY, CONNIEJO 4820 SW 91ST TERRACE GAINESVILLE, FL 326086034 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UMPHREY, CONNIEJO 4820 SW 91ST TERRACE GAINESVILLE, FL 326086034 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> All over you inc Conniejo Umphrey 5330 SW 91st Terrace Gainesville Fl. 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	All over you inc Conniejo Umphrey 5330 SW 91st Terrace Gainesville Fl. 32608 <input checked="" 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:  DATE Jan 10, 07 DAYTIME PHONE # 352 380-2788 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					

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01052007 Chg-P CR2E034 (12/06)