

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017861

Entity Name: ALL OVER YOU INC.

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

5218 SW 91ST DRIVE
SUITE B
GAINESVILLE, FL 326086034

Current Mailing Address:

5218 SW 91ST DRIVE
SUITE B
GAINESVILLE, FL 326086034

New Principal Place of Business:

5208 SW 91ST WAY
SUITE 110
GAINESVILLE, FL 326086034

New Mailing Address:

5208 SW 91ST WAY
SUITE 110
GAINESVILLE, FL 326086034

FEI Number: 20-4173587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UMPHREY, CONNIEJO
5218 SW 91ST DRIVE
SUITE B
GAINESVILLE, FL 326086034 US

Name and Address of New Registered Agent:

UMPHREY, CONNIEJO
5218 SW 91ST WAY
SUITE 110
GAINESVILLE, FL 326086034 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: CONNIE JO UMPHREY

05/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UMPHREY, CONNIEJO
Address: 5218 SW 91ST DRIVE SUITE B
City-St-Zip: GAINESVILLE, FL 326086034

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: UMPHREY, CONNIEJO
Address: 5208 SW 91ST WAY SUITE 110
City-St-Zip: GAINESVILLE, FL 326086034

Title: VP () Change (X) Addition
Name: MCFATTER, CIARA T
Address: 5208 SW 91ST WAY SUITE 110
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Change (X) Addition
Name: UMPHREY, JAMES E
Address: 5208 SW 91ST WAY SUITE 110
City-St-Zip: GAINESVILLE, FL 32608

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: CONNIE JO UMPHREY

P

05/11/2009

Electronic Signature of Signing Officer or Director

Date