

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 02, 2007  
Secretary of State**

DOCUMENT# P06000030822

Entity Name: ALL IN ONE REALTY SERVICES, INC.

**Current Principal Place of Business:**

7677 DR PHILLIPS BLVD  
STE 200  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7677 DR PHILLIPS BLVD  
STE 200  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-4409790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYERS, BRIAN D  
7677 DR PHILLIPS BLVD  
STE 200  
ORLANDO, FL 32819 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: D ( ) Delete  
Name: MYERS, BRIAN D  
Address: 6718 FAIRWAY COVE DR.  
City-St-Zip: ORLANDO, FL 32835

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: EVP ( ) Change (X) Addition  
Name: MITCHAM, KAREN R  
Address: 1175 LAKE SHADOW CIR #4-201  
City-St-Zip: MAITLAND, FL 32751

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: BRIAN D MYERS

D

08/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date