



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90060 048 ***150.00

DOCUMENT # P06000032176 1. Entity Name ALL SCREENED IN, INC.					
Principal Place of Business 4073 SOUTHWEST MACKEMERV ROAD PORT SAINT LUCIE, FL 34953				Mailing Address 4073 SOUTHWEST MACKEMERV ROAD PORT SAINT LUCIE, FL 34953	
2. Principal Place of Business - No P.O. Box # 1490 SW KAMCHATKA Suite, Apt. #, etc. N/A City & State PORT ST LUCIE FL Zip 34953		3. Mailing Address 1490 SW KAMCHATKA AVE. Suite, Apt. #, etc. N/A City & State 34953 SAME Zip 34953		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40098827</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04172007 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> 4. FEI Number 22-3922330 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City N/A <div style="display: flex; justify-content: space-between;"> FL Zip Code N/A </div>	
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 <u><i>Raymond Edwards</i></u> DATE <u>4/29/07</u> <small>Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</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		N/A	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAMILTON, LETICIA 4073 SOUTHWEST MACKEMERV ROAD PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Edwards, Leticia 1490 SW KAMCHATKA AVE. PORT ST. LUCIE, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, RAYMOND 4073 SOUTHWEST MACKEMERV ROAD PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Edwards, Raymond 1490 SW KAMCHATKA AVE. PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Raymond Edwards</i></u> RAYMOND EDWARDS <u>4/29/07</u> ⁽²³⁾ <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(772) 626-7303