2008 FOR PROFIT CORPORATION

FILED Apr 21, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P06000117770** ALL COMPLETE, INC. Principal Place of Business Mailing Address 2842 EAGLE RUN CIRCLE EAST 2842 EAGLE RUN CIRCLE EAST CLEARWATER, FL 33760 CLEARWATER, FL 33760 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5555216 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARDUHAYEV, ILONA DO NOT WRITE 2842 EAGLE RUN CIRCLE EAST CLEARWATER, FL 33760 IN THIS SPACE 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 egent. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be U00000909884 05/06/08-80085-018 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS P/D TITLE MARDUHAYEV, ILONA NAME STREET ADDRESS 2842 EAGLE RUN CIRCLE EAST CLEARWATER, FL 33760 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #