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Apr 11, 2007 8:00 am
Secretary of State

02-12-2007 90287 001 ***150.00
02-12-2007 90287 002 *****8.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000119457

1. Entity Name
ALL ABOUT TRIM,INC

Principal Place of Business	Mailing Address
~~8415 HIGHWAY U.S.1 SOUTH~~ ~~ST.AUGUSTINE, FL 32086~~	~~8415 HIGHWAY U.S.1 SOUTH~~ ~~ST.AUGUSTINE, FL 32086~~

01242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9975 Oliver Ave	9975 Oliver Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hastings Fl	City & State: Hastings Fl
Zip: 32145 Country: US.	Zip: 32145 Country: U.S.

4. FEI Number: 20-5554489. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTSON, ~~GINGER~~ Y	Name: Samantha McWhorter
4750 ~~PAULA~~ STREET	Street Address (P.O. Box Number is Not Acceptable): 9975 Oliver Ave.
~~HAS~~TINGS, FL 32145	City: Hastings FL Zip Code: 32145

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: Samantha McWhorter — 1.24.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCWHORTER, CHAD W 8415 HIGHWAY U.S.1 SOUTH ST.AUGUSTINE,, FL 32088	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.T. McWhorter, Samantha 9975 Oliver Ave. Hastings, Fl 32145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S.T~~ ~~ROBERTSON, GINGER Y~~ ~~4750 PAULA STREET~~ HASTINGS, FL 32145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Chad McWhorter — 3/19/2007 — 904 501/0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #