


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90143 029 \*\*\*150.00

DOCUMENT # P06000146370	
1. Entity Name ALL INTERIOR TECHNOLOGY, INC.	

Principal Place of Business % S KRAFT P.A. 934 NORTH UNIVERSITY DRIVE, SUITE #250 CORAL SPRINGS, FL 33071	Mailing Address % S KRAFT P.A. 934 NORTH UNIVERSITY DRIVE, SUITE #250 CORAL SPRINGS, FL 33071
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40046046



2. Principal Place of Business - No P.O. Box 1198 W. Camino Real	3. Mailing Address Suite, Apt. #, etc.
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02042007 Chg-P CR2E034 (12/06)

City & State Boca Raton, FL	City & State
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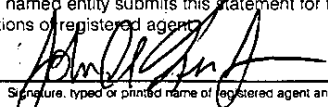
4. FEI Number 22-3947312	Applied For Not Applicable
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Zip 33486-5402	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145
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7. Name and Address of New Registered Agent Name JOHN KRAUSS Street Address (P.O. Box Number is Not Acceptable) 1198 W. Camino Real City Boca Raton FL Zip Code 33486
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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 	JOHN KRAUSS 2/4/07 (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KRAUSS, JOHN <input type="checkbox"/> Delete 934 NORTH UNIVERSITY DRIVE, SUITE #250 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CLOSE, EDWARD <input type="checkbox"/> Delete 934 NORTH UNIVERSITY DRIVE, SUITE #250 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAFT, STEVEN <input checked="" type="checkbox"/> Delete 934 NORTH UNIVERSITY DRIVE, SUITE #250 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1198 W. Camino Real Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1198 W. Camino Real Boca Raton, FL 33486
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"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE: 	JOHN KRAUSS 2/4/07 954-650-5912 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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