2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032785

FILED Mar 31, 2009 Secretary of State

Entity Name: ALL SERVICE OF THE TREASURE COAST, INC.

Current Principal Place of Business: New Principal Place of Business: 50 KINDRED STREET, STE 303 STUART, FL 34994 **Current Mailing Address: New Mailing Address:** 50 KINDRED STREET, STE 303 STUART, FL 34994 FEI Number: 20-8641630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUEST, JAMES M JAMES M. GUEST, CPA, P.A 50 KINDRED STRÉET, SUITE 303 STUART, FL 34994 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPVT () Delete Title: () Change () Addition COBLE, ROBERT Name: Name: 50 KINDRED STREET, STE 303 Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: Title: () Change () Addition () Delete Name: COBLE, CHRISTINA Name: 50 KINDRED STREET, STE 303 Address: Address: STUART, FL 34994 City-St-Zip: City-St-Zip:

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: ROBERT COBLE 03/31/2009 SEC