

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043584

FILED
Apr 16, 2008
Secretary of State

Entity Name: ALL-IN-ONE BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

1144 CASTLE WOOD TERRACE
#300
CASSELBERRY, FL 32707

New Principal Place of Business:

240 SUNSHOWER CT
CASSELBERRY, FL 32707 US

Current Mailing Address:

5703 RED BUG LAKE ROAD
SUITE 172
WINTER SPRINGS, FL 32708

New Mailing Address:

5703 RED BUG LAKE ROAD
#172
WINTER SPRINGS, FL 32708 US

FEI Number: 20-8808026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIOTT, MICHELE L
1144 CASTLE WOOD TERRACE
#300
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ELLIOTT, MICHELE L
240 SUNSHOWER CT
CASSELBERRY, FL 32707 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:

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIOTT, MICHELE L
Address: 1144 CASTLE WOOD TERRACE #300
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: ELLIOTT, LORENZO L
Address: 1144 CASTLE WOOD TERRACE #300
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELLIOTT, MICHELE L
Address: 240 SUNSHOWER CT
City-St-Zip: CASSELBERRY, FL 327075130 US

Title: VP (X) Change () Addition
Name: ELLIOTT, LORENZO L
Address: 240 SUNSHOWER CT
City-St-Zip: CASSELBERRY, FL 32707

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: MICHELE L. ELLIOTT

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date