

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065529

FILED
Apr 23, 2009
Secretary of State

Entity Name: ACROSS ALL CONTINENTS, INC.

Current Principal Place of Business:

3511 SE CHARING CROSS LANE
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

3511 SE CHARING CROSS LANE
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

3511 SE CHARING CROSS LN
PORT ST. LUCIE, FL 34952 US

FEI Number: 61-1531224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWSE, MARGO
3511 SE CHARING CROSS LANE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ROWSE, MARGO
Address: 3511 SE CHARING CROSS LANE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP () Delete
Name: SULLIVAN, DAN
Address: 3511 SE CHARING CROSS LANE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARGO ROWSE

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date