

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073690

FILED  
Sep 15, 2008  
Secretary of State

Entity Name: ALL POINT ADJUSTMENTS, INC.

## Current Principal Place of Business:

5591 N. WINSTON PARK BLVD., UNIT 206  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

8700 WINDY CIRLE  
BOYNTON BEACH, FL 33472

## Current Mailing Address:

5591 N. WINSTON PARK BLVD., UNIT 206  
COCONUT CREEK, FL 33073

## New Mailing Address:

8700 WINDY CIRLE  
BOYNTON BEACH, FL 33472

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANGELOTTI, JAMES  
5591 N. WINSTON PARK BLVD., UNIT 206  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

ANGELOTTI, JAMES  
8700 WINDY CIRCLE  
BOYNTON BEACH, FL 33472 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: JAMES ANGELOTTI

09/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: ANGELOTTI, JAMES  
Address: 5591 N. WINSTON PARK BLVD., UNIT 206  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: ANGELOTTI, JAMES  
Address: 5591 N. WINSTON PARK BLVD., UNIT 206  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: ANGELOTTI, JAMES  
Address: 8700 WINDY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: D (X) Change ( ) Addition  
Name: ANGELOTTI, JAMES  
Address: 8700 WINDY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33472

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: JAMES ANGELOTTI

PVST

09/15/2008

Electronic Signature of Signing Officer or Director

Date