

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000200

Entity Name: ALL ABOUT SILICON, INC.

FILED  
Mar 29, 2009  
Secretary of State

**Current Principal Place of Business:**

333 SW 21ST LANE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLURE ACCOUNTING, LLC  
3665 BONITA BEACH RD - STE. 3  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 26-1649211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLURE ACCOUNTING, LLC  
3665 BONITA BEACH RD - STE. 3  
BONITA SPRINGS, FL 34134      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: VPT ( ) Delete  
Name: SCHWARTZ, THOMAS  
Address: 333 SW 21ST LANE  
City-St-Zip: CAPE CORAL, FL 33991

Title: PS ( ) Delete  
Name: SCHWARTZ, MICHAELA  
Address: 333 SW 21ST LANE  
City-St-Zip: CAPE CORAL, FL 33991

**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: THOMAS SCHWARTZ

MA

03/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date