
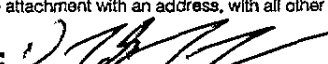


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000022461 1. Entity Name ALL COUNTY RESTORATION, INC.			
Principal Place of Business 215 NE 32 CT FT. LAUDERDALE, FL 33334 US		Mailing Address 215 NE 32 CT FT. LAUDERDALE, FL 33334 US	
DO NOT WRITE IN THIS SPACE			
		 04212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0421976 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BULZACCHELLI, DANIEL 215 NE 32 CT FT. LAUDERDALE, FL 33334		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when rehashing) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000128412 04/26/04-80037-006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	BULZACCHELLI, DANIEL		
STREET ADDRESS	9401 EVERGREEN PL. #101		
CITY - ST - ZIP	FT. LAUDERDALE, FL 33324		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-22-04 954-943-4567	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	