

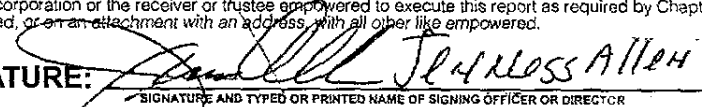


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000058786			
1. Entity Name ALLEN'S REPAIR SERVICE, INC.			
Principal Place of Business 3500 ORTONA LOCK RD MOORE HAVEN, FL 33471 US	Mailing Address 3500 ORTONA LOCK RD MOORE HAVEN, FL 33471 US		
DO NOT WRITE IN THIS SPACE			
		04082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0425664	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 ALLEN, DOUGLAS L 3500 ORTONA LOCKS RD MOORE HAVEN, FL 33471		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000535183 05/08/06-80041-020 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, DOUGLAS L 3500 ORTONA LOCKS RD MOORE HAVEN, FL 33471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, JENNESS 3500 ORTONA LOCKS RD MOORE HAVEN, FL 33471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALLEN, JENNESS 3500 ORTONA LOCKS ROAD MOORE HAVEN, FL 33471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ALLEN, DOUGLAS L 3500 ORTONA LOCKS ROAD MOORE HAVEN, FL 33471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4806	8636756058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #