


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90204 003 ***150.00

DOCUMENT # P93000059699	
1. Entity Name ALL AUTO CONSULTANTS, INC.	

Principal Place of Business P.O. BOX 25728 TAMARAC, FL 33320 US	Mailing Address % STUART R. BLUM 7900 N. UNIVERSITY DR., SUITE 201 TAMARAC, FL 33321
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2. Principal Place of Business - No P.O. Box # 7501-6 SAKAGON BL	3. Mailing Address P.O. Box 25728
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SUNRISE, FL	City & State TAMARAC, FL
Zip 33313	Zip 33320
Country BROWARD	Country BROWARD

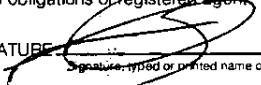
04192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0430550	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLUM, STUART R 7900 N. UNIVERSITY DR. SUITE 201 TAMARAC, FL 33321	
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7. Name and Address of New Registered Agent Name STEVE BERNSTEIN Street Address (P.O. Box Number is Not Acceptable) 7501-6 SAKAGON BLVD City SUNRISE FL Zip Code 33313	
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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  STEVE BERNSTEIN	DATE 4/19/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, STEVEN D 7501-6 SOUTH ARAGON BLVD. SUNRISE, FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  STEVE BERNSTEIN	DATE 4/19/07 DAYTIME PHONE 914-739-2277