


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90031 031 \*\*\*150.00

<b>DOCUMENT # P93000060704</b>					
<b>1. Entity Name</b> ALL ABOUT EVENTS, INC.					
<b>Principal Place of Business</b> 410 SYLAN DR WINTER PARK, FL 32789 US			<b>Mailing Address</b> P.O. BOX 492 WINTER PARK, FL 32790		
<b>2. Principal Place of Business</b> 2255 CHANTILLY AVE		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> WINTER PARK, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3201159	
<b>Zip</b> 32789		<b>Country</b> ORANGE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PELTESON, SUSAN A 410 SYLVAN DR WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b>		
Name			SUSAN A. PELTESON		
Street Address (P.O. Box Number is Not Acceptable)			2255 CHANTILLY AVE		
City			WINTER PARK FL		
Zip Code			32789		
<b>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.</b>					
SIGNATURE: <u>Susan Pelteson</u> <span style="float: right;">1/10/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> PELTESON, SUSAN A		<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 410 SYLVAN DR	<b>STREET ADDRESS</b> 2255 CHANTILLY AVE		<b>CITY-ST-ZIP</b> WINTER PARK, FL 32789	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>CITY-ST-ZIP</b> 	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>Susan Pelteson</u> <span style="float: right;">1/10/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					