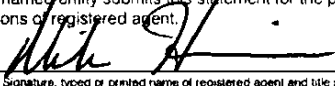


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90088 050 ***158.75

DOCUMENT # P95000061151					
1. Entity Name ALL CABLING SOLUTIONS, INC.					
Principal Place of Business 900 FOX VALLEY DR SUITE 26 LONGWOOD, FL 32779			Mailing Address 900 FOX VALLEY DR SUITE 206 LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # 2532 Pemberton Dr Suite, Apt. #, etc.		3. Mailing Address 2532 Pemberton Dr Suite, Apt. #, etc.			
City & State Apopka FL Zip: 32703 Country: USA		City & State Apopka FL Zip: 32703 Country: USA		4. FEI Number 59-3326931	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRISON, MICHAEL 900 FOX VALLEY DR SUITE 206 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 2532 Pemberton Dr City: Apopka FL Zip Code: 32703		
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:  DATE: 1-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: HARRISON, MICHAEL STREET ADDRESS: 900 FOX VALLEY DR CITY-ST-ZIP: LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 2532 Pemberton Dr STREET ADDRESS: Apopka FL CITY-ST-ZIP: 32703		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		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: 			Date: 1-15-07 Daytime Phone #: 407-389-6201		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					