

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012052

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** ALL LINES INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1345 S MISSOURI AVE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1610 CINNAMON LN  
DUNEDIN, FL 34698

**New Mailing Address:**

1393 FORESTEDGE BLVD  
OLDSMAR, FL 34677

FEI Number: 65-0640080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARKSON, MICHAEL B  
1610 CINNAMON LN  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

CLARKSON, MICHAEL B  
1393 FORESTEDGE BLVD  
OLDSMAR, FL 34677 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/25/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLARKSON, MICHAEL B  
Address: 1610 CINNAMON LN  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: RAILEY, ANN  
Address: 1053 CANDLER ROAD  
City-St-Zip: CLEARWATER, FL 33765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CLARKSON, MICHAEL B  
Address: 1393 FORESTEDGE BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CLARKSON

Electronic Signature of Signing Officer or Director

PRES

04/25/2006

Date