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# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -9 AM 8:16

03-17-08 90215023 180



DOCUMENT # P96000047721					
1. Entity Name A-ALL PORPOISE SERVICES, INC.					
Principal Place of Business 441 SE 6TH AVENUE POMPANO BEACH, FL 33060			Mailing Address 7777 GLADES ROAD SUITE 209 BOCA RATON, FL 33434		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0677602	
				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  MAHONEY, ROBERT F. CPA 7777 GLADES ROAD SUITE 209 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when vanishing) DATE _____					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILDE, JOHN O II 441 SE 6TH STREET POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	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"/> 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 info empowered.			B. 7/10/08		
SIGNATURE			4/1/08 954.316.5007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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July 2, 2008

John Wilde  
A All Porpoise Services, Inc.  
441 SE 6th Avenue,  
Pompano Beach, FL 33060

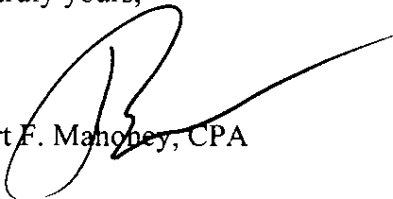
Dear John:

The Annual Report that is enclosed. I am returning it to you for the following action:

1. Sign, date (and mail) at the tab NLT 8/01/08.
2. Enclose check payable to the Florida Department of State in the amount of \$150.00. If you have sent a check previously, send a copy of your check (both sides) along with this report to Dept of State.

Mail and postmark the package at your earliest convenience in order to have your corporation remain in good standing with the State of Florida.

Very truly yours,

  
Robert F. Manoney, CPA