


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 010 ***150.00

DOCUMENT # P96000098634	
1. Entity Name ALL ELECTRONIC SERVICES, INC.	

Principal Place of Business 2409 FLAKENBURG RD TAMPA FL 33619	Mailing Address 2409 FLAKENBURG RD TAMPA FL 33619
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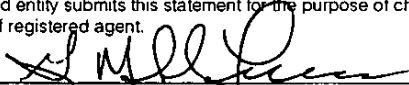
2. Principal Place of Business 501 S. Falkenburg Rd Suite, Apt. #, etc. D21 City & State Tampa FL Zip 33619 Country Hillsborough	3. Mailing Address 501 S. Falkenburg Rd Suite, Apt. #, etc. D21 City & State Tampa FL Zip 33619 Country Hillsborough
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent FREESE, GEORGE M 1370 BRAMBLEWOOD DRIVE LAKELAND FL 33811		7. Name and Address of New Registered Agent Name FREESE, GEO. M. Street Address (P.O. Box Number is Not Acceptable) 4353 OLD EAGLE LAKE RD City BARTOW FL Zip Code 33830	
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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  DATE **4/28/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME FREESE, GEORGE M STREET ADDRESS 1370 BRAMBLEWOOD DR CITY-ST-ZIP LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE P NAME Freese, George M STREET ADDRESS 4353 Old Eagle Lake Rd CITY-ST-ZIP Bartow FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME JUEONE, STEPHEN Y STREET ADDRESS 1146 COUNTRY CLOSE LA CITY-ST-ZIP LUTZ FL 33549	<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
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
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
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 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.

SIGNATURE:  DATE **4/28/05** 813-662-6826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR