

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006272

FILED
Mar 02, 2006
Secretary of State

Entity Name: ALL WAYS PROFESSIONAL, INC.

Current Principal Place of Business:

427 GASTON FOSTER RD E
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

427 GASTON FOSTER RD E
ORLANDO, FL 32807 US

New Mailing Address:

FEI Number: 59-3422258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFFNAGLE, CHRISTIAN
5600 LIDO STREET
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HUFFNAGLE, CHRISTIAN
Address: 5600 LIDO STREET
City-St-Zip: ORLANDO, FL 32807

Title: S () Delete
Name: HUFFNAGLE, MELISSA
Address: 5600 LIDO ST
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHRISTIAN HUFFNAGLE

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03/02/2006

Electronic Signature of Signing Officer or Director

Date