2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000035484

1. Entity Name
ALL SEALIFE, INC.

Principal Place of Business	Mailing Address
3140 PEMBROKE ROAD #601 PEMBROKE PARK, FL 33009	7435 TWIN SABLE DRIVE - MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

03222006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0750001	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARLEY, SUSAN
7435 TWIN SABLE DRIVE
MIAMI LAKES, FL 33014

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARLEY, SUSAN
STREET ADDRESS	7435 TWIN SABLE DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014

TITLE	
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04/29/06-80012-002 150.00

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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: _Susan Carley_   4/11/06   954-987-9268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #