2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071890

City-St-Zip:

JACKSONVILLE BEACH, FL 32250

Entity Name: ALL AMERICAN COMMUNICATIONS SERVICES, INC.

FILED Feb 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 601 C SO PONCE DE LEON BLVD 1092 SO PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084 SUITE K SAINT AUGUSTINE, FL 32086 **Current Mailing Address: New Mailing Address:** 601 C SOUTH PONCE DE LEON BLVD. 1092 SOUTH PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 SUITE K ST. AUGUSTINE, FL 32086 FEI Number: 59-3527976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'LOUGHLIN, MAUREEN 804 13TH AVÉNUE SOUTH JACKSONVILLE BEACH, FL 32250 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 Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition () Delete O'LOUGHLIN, MAUREEN Name: Name: 804 13TH AVENUE SOUTH Address: 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: MAUREEN O'LOUGHLIN PRES 02/17/2007