

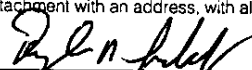


FILED
Feb 06, 2006 8:00 am
Secretary of State

60012091

DOCUMENT # P99000011333				02-06-2006 90065 034 ***150.00	
1. Entity Name ALL WEATHER SERVICES, INC.					
Principal Place of Business PO BOX 3111 RIVERVIEW, FL 33569		Mailing Address PO BOX 3111 RIVERVIEW, FL 33569			
2. Principal Place of Business		3. Mailing Address		60012091	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 59-3562970	
				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 SPEDDING, DOUGLAS A 11805 FAWN DALE DR RIVERVIEW, FL 33569			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PVST SPEDDING, DOUGLAS A 11805 FAWN DALE DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEDDING, DOUGLAS A 11805 FAWN DALE DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  2/3/2006 (813) 672 3795					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					