


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90083 009 ***150.00

DOCUMENT # P99000016795		
1. Entity Name ALL COUNTY CAREER INSTITUTE, INC.		

Principal Place of Business 4121 NW 5 STREET SUITE 200 PLANTATION, FL 33317	Mailing Address 4121 NW 5 STREET SUITE 200 PLANTATION, FL 33317
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2. Principal Place of Business - No P.O. Box # 4850 NORTH STATE ROAD 7	3. Mailing Address 4850 NORTH STATE ROAD 7
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101
City & State LAUDERDALE LAKES FL	City & State LAUDERDALE LAKES FL
Zip 33319	Country USA

40038518

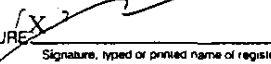


01092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0947088	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BIASI, LOUIS 4121 NW 5 STREET STE 200 PLANTATION, FL 33317	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4850 NORTH STATE ROAD 7 SUITE 101 City LAUDERDALE LAKES FL Zip Code 33319
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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 3/16/07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, CYNTHIA 4121 NW 5 STREET STE 200 PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, CYNTHIA 4850 NORTH STATE ROAD 7, SUITE 101 LAUDERDALE LAKES FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIASI, LOUIS 4121 NW 5 STREET STE 200 PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIASI, LOUIS 4850 NORTH STATE ROAD, SUITE 101 LAUDERDALE LAKES FL 33319 <input checked="" 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 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 an other like empowered.	
SIGNATURE:  DATE 3/16/07	