2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2006 08:00 AM DOCUMENT # P99000058505 **Secretary of State** ALL WORLD POS, INC. Principal Place of Business Mailing Address 11908 MIDDLEBURY DR. 11908 MIDDLEBURY DR. TAMPA, FL 33626 TAMPA, FL 33626 02152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3585535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOWE, DENNIS R DO NOT WRITE 11908 MIDDLEBURY DR. TAMPA, FL 33626 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (\$ \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LOWE, DENNIS R STREET ADDRESS 11908 MIDDLEBURY DR CITY-ST-ZIP TAMPA, FL 3366 1(7) F NAME LOWE, DENNIS HIDHUU441370 00/03/06-80035-002 150.00 STREET ADDRESS 11908 MIDDLEBURY DR CITY-ST-ZIP TAMPA, FL 33626 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated 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 office to of the corporation or the receiver or instee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with 9h address, with all objective empowered.

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SIGNATURE AND TYPED OF PRINTED NAME OF STORING DEFICER OR DIRECTOR

SIGNATURE:

FILED