


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90466 041 \*\*\*150.00

<b>DOCUMENT #P99000069401</b> 1. Entity Name <b>ALL BUILDING CONSULTANTS, INC.</b>					
Principal Place of Business <b>504 OAK MONT PLACE MELBOURNE, FL 32940</b>			Mailing Address <b>504 OAK MONT PLACE MELBOURNE, FL 32940</b>		
2. Principal Place of Business <b>4914 SPARKLING PINES CIR</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>4914 SPARKLING PINES CIR</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>FT. PIERCE FL</b>		City & State <b>FT. PIERCE FL</b>		4. FEI Number <b>59-3592050</b>	
Zip <b>34951</b>		Country <b>ST. LUCIE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAKER, DAVID A 504 OAK MONT PLACE MELBOURNE, FL 32940</b>			7. Name and Address of New Registered Agent Name <b>BAKER, DAVID A</b> Street Address (P.O. Box Number is Not Acceptable) <b>4914 SPARKLING PINES CIRCLE</b>  City <b>FT. PIERCE</b> <b>FL</b> Zip Code <b>34951</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BAKER, DAVID A 504 OAK MONT PLACE MELBOURNE, FL 32940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BAKER, DAVID A 4914 SPARKLING PINES CIRCLE FT. PIERCE FL 34951</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: Dave R Baker</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-20-06 321-848-7828</b> <small>Date Daytime Phone #</small>		