

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072709

FILED
Feb 23, 2006
Secretary of State

Entity Name: ALL PRO MARKETING INC.

Current Principal Place of Business:

2929 SW 134TH AVE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

PO BOX 277657
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 59-3592977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VRISSIS, CATHLEEN
2929 SW 134 AVE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: VRISSIS, CATHLEEN
Address: 2929 SW 134TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: VRISSIS, ANASTASIOS G
Address: 2929 SW 134 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: VRISSIS, CATHLEEN
Address: 2929 SW 134TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VPT (X) Change () Addition
Name: VRISSIS, ANASTASIOS G
Address: 2929 SW 134 AVE
City-St-Zip: MIRAMAR, FL 33027

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: CATHLEEN VRISSIS

PS

02/23/2006

Electronic Signature of Signing Officer or Director

Date