2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075122

Entity Name: ALL FLORIDA STRUCTURES INC:

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11420 FORTUNE CIRCLE., I - 3 901 NORTH POINT PARKWAY WELLINGTON, FL 33414

SUITE # 117

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

P.O. BOX 210905

WEST PALM BEACH, FL 334210905

FEI Number: 65-0944287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JONES, TADD W 11420 FORTUNE CIRCLE., I-3

JONES, TADD W 901 NORTH POINT PARKWAY

WELLINGTON, FL 33414 SUITE # 117 WEST PALM BEACH, FL 33407 US

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: TADD W. JONES 04/19/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: **PVST** (X) Change () Addition

Name: JONES, TADD W Name: JONES, TADD W 11420 FORTUNE CIRCLE., I-3 901 NORTH POINT PARKWAY # 117 Address: Address:

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33407

Title: Title: (X) Change () Addition () Delete JONES, TADD W Name: JONES, TADD W Name:

11420 FORTUNE CIRCLE., I-3 Address: 901 NORTH POINT PARKWAY # 117 Address: WELLINGTON, FL 33414 WEST PALM BEACH, FL 33407 City-St-Zip: City-St-Zip:

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: TADD W. JONES **PST** 04/19/2006