

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90022 003 \*\*\*150.00

<b>DOCUMENT # P99000083117</b>					
<b>1. Entity Name</b> ALL MECHANICAL SYSTEMS, INC.					
<b>Principal Place of Business</b> 21410 TOWN LAKES DR. APT. 922 BOCA RATON, FL 33486			<b>Mailing Address</b> 21410 TOWN LAKES DR. APT. 922 BOCA RATON, FL 33486		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0946731	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PHILLIPS, DARIUS E 460 LOCK ROAD APT 157 DEERFIELD BEACH, FL 33442			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PHILLIPS, DARIUS E 460 LOCK ROAD APT 157 POMPANO BEACH, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	21410 TOWN LAKES DR. APT # 922 Boca Raton, FL 33486	<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
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
<b>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>					
<b>SIGNATURE:</b>			Date: 7-10-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

7-11-06 ATTACHMENT

Division of Corporations  
ATTACHMENT 50022498  
#P99000083117

JDARRING PHILLIPS AM WRITING  
TO INFORM YOU I DID NOT

RECEIVED NOTICE OF  
RENEWAL.

I RECEIVED  
NOTICE OF INTENT TO REVOKE  
IN JULY 2 2006. I AM ASKING  
TO WAIVED CHARGES OF \$50.00  
ENCLOSE IS A CHECK FOR  
FEE 150. FEE

THANK YOU

JDARRING PHILLIPS