


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000084539		
1. Entity Name ALL OF A SUTTON, INC.		

FILED

06 MAY 10 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2811 NW 23RD ST. FT. LAUDERDALE, FL 33311	Mailing Address P.O. BOX 030544 FT LAUDERDALE, FL 33303 US
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2. Principal Place of Business		3. Mailing Address <i>2811 NW 23rd street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>ft. lauderdale, FL</i>	
Zip	Country	Zip <i>33311</i>	Country <i>USA</i>



6. Name and Address of Current Registered Agent DANIEL, HELEN A 22719 NEPTUNE ROAD BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Helen Daniel* HELEN DANIEL *5/7/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, CLIFFORD P. O. BOX 030544 FT. LAUDERDALE, FL 33303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>895717</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, EVA P. O. BOX 030544 FT. LAUDERDALE, FL 33303 <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 100075217181 05/25/06--01005--003 **300.00
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
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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

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.

SIGNATURE: *Clifford Sutton* *5/7/06* (954) 326 6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #