
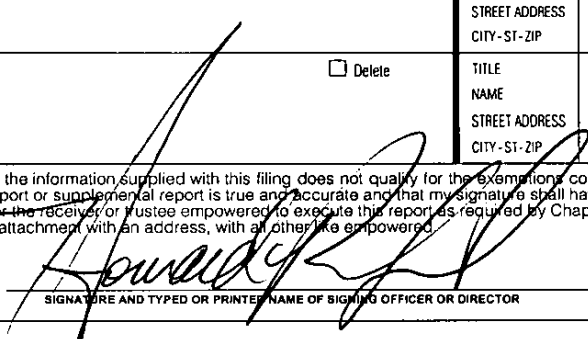


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90082 019 ***150.00

DOCUMENT # S85319 1. Entity Name ALLSTAR BUSINESS MACHINES, INC.					
Principal Place of Business 308 W LANTANA RD LANTANA, FL 33462			Mailing Address 308 W LANTANA RD LANTANA, FL 33462		
2. Principal Place of Business 3549 Highridge Rd. Suite, Apt. #, etc.		3. Mailing Address 3549 Highridge Rd. Suite, Apt. #, etc.			
City & State Boynton Beach, FL Zip 33426		City & State Boynton Beach, FL Zip 33426		Country USA	
4. FEI Number 65-0289764		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIB, HOWARD R. 308 W LANTANA RD LANTANA, FL 33462			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3549 Highridge Rd. City Boynton Beach FL Zip Code 33462		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME LEIB, HOWARD R. STREET ADDRESS 308 W LANTANA RD CITY- ST- ZIP LANTANA, FL			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3549 High Ridge Rd. STREET ADDRESS Boynton Beach, FL CITY- ST- ZIP 33462		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
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: 			Date 2-17-06 Daytime Phone # (561) 547-3364		