

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030376

FILED
Apr 17, 2006
Secretary of State

Entity Name: ABC AMERICAN VALUE, INC.

Current Principal Place of Business:

209 NW 21ST COURT
WILTON MANORS, FL 33311

New Principal Place of Business:

2419 N DIXIE HWY
WILTON MANORS, FL 33305

Current Mailing Address:

209 NW 21ST COURT
WILTON MANORS, FL 33311

New Mailing Address:

2419 N DIXIE HWY
WILTON MANORS, FL 33305

FEI Number: 20-2403853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, ROBERT B
209 NW 21ST COURT
WILTON MANORS, FL 33311 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: PSD () Delete
Name: SCHNEIDER, ROBERT B
Address: 209 NW 21ST COURT
City-St-Zip: WILTON MANORS, FL 33311

Title: VTD () Delete
Name: HALLE, JASON
Address: 209 NW 21ST COURT
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JASON HALLE

VP

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date