2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92984

Entity Name: A.B.A. INDUSTRIES, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 382 CIRCLE FREEWAY DR. CINCINNATI, OH 45253 **Current Mailing Address: New Mailing Address:** 382 CIRCLE FREEWAY DR. CINCINNATI, OH 45253 US FEI Number: 23-1932238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACFARLANE, ELLEN M 400 N. TAMPA STREET, SUITE 2300 TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: COOK, ALVIN E Name: 189 CONTAINER PLACE Address: Address: City-St-Zip: CINCINNATI, FL 45246 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LABBE, GILLES, Name: 1111 SAINT CHARLES ST.WEST,STE 658 Address: Address: LONGUEIL, QUEBEC CA, J4K 5G4, City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BELANGER, REAL, Name: Name: 1111 SAINT CHARLES ST.WEST,STE 658 Address: Address: LONGUEIL, QUEBEC CA, J4K 5G4, City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition FILIPOWSKI, DAVID M Name: Name: Address: 382 CIRCLE FREEWAY DR Address: City-St-Zip: CINCINNA, OH 45246 City-St-Zip: Title: Title: () Delete () Change () Addition COOK, DAVID A Name: Name: 189 CONTAINER PL Address: Address: CINCINNATIARK, OH 45246 City-St-Zip: City-St-Zip: Title: **VPS** () Delete Title: **VPTS** (X) Change () Addition BARNES, STEPHEN E Name: Name: BARNES, STEPHEN E Address: 382 CIRCLE FREEWAY DR Address: 382 CIRCLE FREEWAY DR City-St-Zip: CINCINNATI OH, OH 45246 City-St-Zip: CINCINNATI OH, OH 45246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN E. BARNES VPTS 04/30/2004