2007 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 03-12-2007 90366 023 ***150.00 **DOCUMENT # 404543** 1. Entity Name ABEL BAND, CHARTERED Principal Place of Business Mailing Address 40034054 240 S PINEAPPLE AVE PO BOX 49948 10TH FLOOR SARASOTA, FL 34230-6948 US SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02272007 Chg-P Applied For 4. FEI Number City & State City & State 59-1409144 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLIER, RONALD Street Address (P.O. Box Number is Not Acceptable) 240 S. PINEAPPLE 10TH FLOOR SARASOTA, FL 34236 City Zip Code FL 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_ Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VD TITLE ☐ Delete TITLE Change Addition COLLIER RONALD L NAME NAME STREET ADDRESS 240 S PINEAPPLE AVE 10FL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE VD ☐ Delete TITLE Change Addition ABATE, ANTHONY J NAME NAME STREET ADDRESS 240 S PINEAPPLE AVE 10FL STREET ADDRESS CITY-ST-7/P SARASOTA, FL CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete BAND, DAVID NAME 240 S PINEAPPLE AVE 10FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL Addition TITLE Delete TITLE [7] Change RUSSELL, JEFFREY S. NAME NAME 240 S PINEAPPLE AVE 10FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME GORDON, CHERYL L. NAME STREET ADDRESS STREET ADDRESS 240 S PINEAPPLE AVE 10FL CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP VΒ Addition TITLE ☐ Change TITLE ☐ Delete

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 freceiver 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 attactment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-S1-7IP

SIGNATURE:

NAME

STREET ADDRESS

CHTY-ST-ZIP

PITCHFORD, MALCOLM J

SARASOTA, FL

240 S. PINEAPPLE AVE. 10 FL

Cheryl L. Gordon, Secretary URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 12, 2007 8:00 am

Daytime Phone #