

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002347

Entity Name: GETABSTRACT.COM, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVENUE
SUITE 700
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE
SUITE 700
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 52-2209418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONNA M DELGADO, P.A.
1031 IVES DAIRY RD, STE 228
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

GAMARRA ASSOCIATES
18851 NE 29TH AVENUE
SUITE 715
AVENTURA, FL 33180 US

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: /ORLANDO GAMARRA/

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BERGEN, THOMAS
Address: IM NEUHOF 56
City-St-Zip: EMMENBRUECKE, CH 6020 CH

Title: V () Delete
Name: BRIGGER, PATRICK
Address: TULPENSTRASSE 3
City-St-Zip: ROTHENBURG, CH 6923 CH

Title: D () Delete
Name: GETABSTRACT AG,
Address: ALPENQUAI 12
City-St-Zip: LUCERNE, CH 6005 CH

Title: D () Delete
Name: DOBELLI, ROLF
Address: 18851 NE 29TH AVENUE, #700
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: GOLDSMITH, KENNETH
Address: 1656 POLK ST. #9
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: /ROLF DOBELLI/

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date