## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000002347

Entity Name: GETABSTRACT.COM, INC.

FILED Mar 11, 2008 Secretary of State

Current Pri	ncipal Place	of Business:	New Princi	New Principal Place of Business:		
18851 NE 29TH AVENUE SUITE 700 AVENTURA, FL 33180			SUITE 315	20900 NE 30TH AVE SUITE 315 AVENTURA, FL 33180		
Current Ma	iling Addres	s:	New Mailin	New Mailing Address:		
18851 NE 2 SUITE 700 AVENTUR <i>A</i>	9TH AVENUE A, FL 33180		20900 NE 3 SUITE 315 AVENTURA			
FEI Number: 5	52-2209418	FEI Number Applied For ( )	El Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	ew 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:						
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	CP () BERGEN, THOM 3080 NE 210TH AVENTURA, FL	STREET	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () BRIGGER, PATI 3030 NE 208 ST AVENTURA, FL	F	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () GETABSTRACT ALPENQUAI 12 LUCERNE, CH		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DOBELLI, ROLF RIFFIGMATTE!		Title: Name: Address: City-St-Zip:	S (X) GOLDSMITH, K 851 S. ROOSEV TEMPE, AZ 852	/ELT STREET	
Title: Name: Address: City-St-Zip:	S (X) GOLDSMITH, KI 1656 POLK ST. HOLLYWOOD, I	#9	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: BERGEN THOMAS CP 03/11/2008