2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002231

Entity Name: AMERICAN BUILDING MAINTENANCE CO. OF KENTUCKY, INC.

FILED Apr 02, 2007 Secretary of State

Littley Ivan	He. AMENIOA	IN BOILDING WAINT LIVANCE	SO, OF REINTO	TOCKT, INC.		
Current Principal Place of Business:				New Principal Place of Business:		
	IC AVE., #222 ICISCO, CA 9	4111	SUITE	160 PACIFIC AVENUE SUITE 222 SAN FRANCISCO, CA 94111		
Current Mailing Address:			New I	New Mailing Address:		
160 PACIFIC AVE., #222 SAN FRANCISCO, CA 94111			160 PACIFIC AVENUE SUITE 222 SAN FRANCISCO, CA 94111			
FEI Number:	94-3336249	FEI Number Applied For ()	FEI Number Not	lot Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name	ne and Address of New Registered Agent:		
1200 SOU ⁻	ORATION SYS TH PINE ISLAI ON, FL 33324	ND ROAD				
The above in the State	named entity s of Florida.	submits this statement for the pu	urpose of chang	nging its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electror	ic Signature of Registered Age	nt	Date		
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDI:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCEO () SLIPAGER, HE 160 PACIFIC A' SAN FRANCISO	VE., #222	Title: Name: Address City-St-	ess: 160 PACIFIC AVENUE, SUITE 222		
Title: Name: Address: City-St-Zip:	DCFO () SUNDBY, GEO 160 PACIFIC A' SAN FRANCISC	VE., #222	Title: Name: Addres: City-St-	e: FARWELL, DAVID L ess: 160 PACIFIC AVENUE, SUITE 222		
Title: Name: Address: City-St-Zip:	P () MCCLURE, JAM 160 PACIFIC A' SAN FRANCISC	VE., #222	Title: Name: Address City-St-	ess: 160 PACIFIC AVENUE, SUITE 222		
Title: Name: Address: City-St-Zip:	VD () BENTON, JESS 160 PACIFIC A' SAN FRANCISO	VE., #222	Title: Name: Address City-St-	ess: 160 PACIFIC AVENUE, SUITE 222		
Title: Name: Address: City-St-Zip:	S () AUWERS, LINE 160 PACIFIC A' SAN FRANCISC	VE., #222	Title: Name: Addrese City-St-	ess: 160 PACIFIC AVENUE, SUITE 222		
Title: Name:	T (X)	Delete /ID L	Title: Name:	()Change ()Addition ::		

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.

Address:

City-St-Zip:

SIGNATURE: JAMES P. MCCLURE P 04/02/2007

160 PACIFIC AVE., #222

SAN FRANCISCO, CA 94111

Address:

City-St-Zip: