2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003782

1. Entity Name
ABACUS 21 INC.

Principal Place of Business	Mailing Address
2746 DELAWARE AVE BUFFALO, NY 14217-2702	2746 DELAWARE AVE BUFFALO, NY 14217-2702

04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1418730

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SROKA, KIMBERLY
13786 BEAUREGARD PLACE
ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

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 _____ 4/16/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000919759
05/14/08-90017-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LESNIAK, BUTCH
STREET ADDRESS	35 WOODSTOCK
CITY-ST-ZIP	GLENWOOD, NY 14069
TITLE	S
NAME	LESNIAK, LORENA
STREET ADDRESS	35 WOODSTOCK
CITY-ST-ZIP	GLENWOOD, NY 14069
TITLE	T
NAME	WALL, JAMES
STREET ADDRESS	6892 LAKESHORE RD
CITY-ST-ZIP	DERBY, NY 14047
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____, Secretary 4/11/08 716-873-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #