


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F94000001638**  
1. Entity Name  
**ABB INTERTRADE INC.**



Principal Place of Business      Mailing Address  
**3628 HARDEN BLVD**                      **3628 HARDEN BLVD**  
**LAKELAND, FL 33803**                      **LAKELAND, FL 33803**

**DO NOT WRITE IN THIS SPACE**



01242007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**36-3296312**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
  
**ABBENZELLER, ROBERT H**  
**7910 PIERCE HARWELL RD.**  
**PLANT CITY, FL 33565**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	ABBENZELLER, ROBERT H
STREET ADDRESS	7910 PIERCE HARWELL RD.
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	PD
NAME	ABBENZELLER, VIVETTE P
STREET ADDRESS	7910 PIERCE HARWELL RD.
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/01/07-80063-016 150.00

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: VIVETTE P. ABBENZELLER**      *Vivette P. Abbenzeller*      **01/26/07**      **813 986-980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #