2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F99000003027

1. Entity Name
ABOFAMALOM, INC.

Principal Place of Business	Mailing Address
3040 GULF TO BAY BLVD. CLEARWATER, FL 33759	3040 GULF TO BAY BLVD. CLEARWATER, FL 33759

DO NOT WRITE IN THIS SPACE

FILED

07 MAR -2 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02142007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
58-2434860		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMON, DAVID
3040 GULF TO BAY BLVD.
CLEARWATER, FL 33759

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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 _____

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

400092277414
08/12/07--01017--010 **3961.29

10.	OFFICERS AND DIRECTORS	

TITLE	CP
NAME	MONGELLUZZI, FRANK
STREET ADDRESS	30750 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	ST
NAME	MONGELLUZI, ANNE
STREET ADDRESS	30750 US 19 NORTH
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

K. Eckel MAR 0 5 2007

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: _Frank Mongelluzzi_   2/16/07

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