2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F99000005663

Entity Name: ABS GLOBAL, INC.

Current Principal Place of Business:

1525 RIVER RD
DE FOREST, WI 53532

New Principal Place of Business:

Current Mailing Address:

1525 RIVER RD
DE FOREST, WI 53532

New Mailing Address:

FEI Number: 51-0393574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: WOOD, RICHARD K
Address: BELVEDERE HOUSE BASING VIEW
City-St-Zip: BASINGSTOKE, HANTS, UK RG21 4HG

Title: S ( ) Delete
Name: BODEN, MARTIN
Address: BELVEDERE HOUSE BASING VIEW
City-St-Zip: BASINGSTOKE, HANTS, UK RG21 4HG

Title: D ( ) Delete
Name: FUNK, DENNIS
Address: 1525 RIVER ROAD
City-St-Zip: DEFOREST, WI 53532

Title: D ( ) Delete
Name: BIGGS, IAN
Address: 1525 RIVER RD
City-St-Zip: DE FOREST, WI 53532

Title: CFO ( ) Delete
Name: LECOUTRE, RICHARD
Address: 1525 RIVER RD
City-St-Zip: DE FOREST, WI 53532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: KRITCH, NICOLE
Address: 1525 RIVER RD
City-St-Zip: DE FOREST, WI 53532

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: NICOLE KRITCH T 04/14/2009

Electronic Signature of Signing Officer or Director — Date