

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G15611

FILED
Jul 14, 2006
Secretary of State

Entity Name: AMERICAN BUSINESS MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

% JAMES W. LEE
225 PAWNEE DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

% BARBARA D. LEE
225 PAWNEE DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

% JAMES W. LEE
225 PAWNEE DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

% BARBARA D. LEE
225 PAWNEE DRIVE
ORMOND BEACH, FL 32174

FEI Number: 59-2245611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, BARBARA D
225 PAWNEE DR
ORMOND BEACH, FL 32174 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: STEPHEY, E.G.
Address: 2515 GLEN EAGLES DR
City-St-Zip: DELAND, FL 32724

Title: COB () Delete
Name: LEE, JAMES W
Address: 225 PAWNEE DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DST () Delete
Name: LEE, BARBARA D
Address: 225 PAWNEE DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DVP (X) Delete
Name: LEE, BRIAN J
Address: 810 TRIBBLE COVE DRIVE, SE
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: VP (X) Delete
Name: WILSON, ANDREW S
Address: 225 PAWNEE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: LEE, JAMES W
Address: 225 PAWNEE DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DST (X) Change () Addition
Name: LEE, BARBARA D
Address: 225 PAWNEE DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DPVP (X) Change () Addition
Name: LEE, BRIAN J
Address: 810 TRIBBLE COVE DRIVE, SE
City-St-Zip: LAWRENCEVILLE, GA 30045

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

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

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.

SIGNATURE: BARBARA D. LEE

DST

07/14/2006

Electronic Signature of Signing Officer or Director

Date