


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # G31428 1. Entity Name ABACUS COMPUTER SYSTEMS, INC.	
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Principal Place of Business C/O THOMAS J. FOLLIS 1838 WATERBURY LANE ORANGE PARK, FL 32003	Mailing Address C/O THOMAS J. FOLLIS 1838 WATERBURY LANE ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FOLLIS, THOMAS J. 1838 WATERBURY LANE ORANGE PARK, FL 32003
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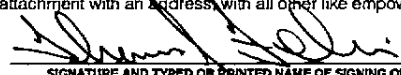
	
03122004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-2293249	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000089214 03/15/04-80082-024 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLLIS, THOMAS J 1838 WATERBURY LANE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOLLIS, JANICE R 1838 WATERBURY LANE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/11/04 <small>Date</small>	904-264-0908 <small>Daytime Phone #</small>