

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86661

FILED
Apr 28, 2006
Secretary of State

Entity Name: AFFILIATED BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

100 JIM MORAN BLVD
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

100 JIM MORAN BLVD
LEGAL DEPT/MAIL DROP JMFDF018
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 59-2886988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: BROWN, COLIN W
Address: 100 JIM MORAN BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: THOMAS, GARY L
Address: 100 JIM MORAN BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: TAYLOR, WARD L III
Address: 100 JIM MORAN BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPT () Delete
Name: OSSENBECK, PATRICK C
Address: 100 JIM MORAN BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S () Delete
Name: WHELAN, JOHN J
Address: 100 JIM MORAN BLVD
City-St-Zip: DEERFIELD BCH, FL 33442

Title: AT () Delete
Name: MIRANDI, ARTHUR J JR
Address: 100 JIM MORAN BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

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: AS (X) Change () Addition
Name: WILLIAMS, CAREN S
Address: 100 JIM MORAN BLVD
City-St-Zip: DEERFIELD BCH, FL 33442

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: CAREN S WILLIAMS

AS

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date