

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

112

06 JUL 17 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G86661 1. Entity Name AFFILIATED BUSINESS SOLUTIONS, INC.					
Principal Place of Business 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442			Mailing Address 100 JIM MORAN BLVD LEGAL DEPT/MAIL DROP JMDF018 DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2886988	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <div style="float: right; text-align: right;"> \$5.00 May be Added to fees 400077959134 07/25/06--01046--003 **\$61.25 </div>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, COLIN W 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, GARY L 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, WARD L III 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT OSSENBECK, PATRICK C 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIAMS, CAREN S 100 JIM MORAN BLVD DEERFIELD BCH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MIRANDI, ARTHUR J JR 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:		SECRETARY		07/05/2006 954-420-4617	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

7/19/06

**AFFILIATED BUSINESS SOLUTIONS, INC.
OFFICERS AND DIRECTORS**

Federal ID #: 59-2886988

Officers

Title

Colin W. Brown	President
Patrick C. Ossenbeck	Vice President, Treasurer
L. Taylor Ward	Secretary
Arthur J. Mirandi, Jr.	Assistant Treasurer
Caren Snead Williams	Assistant Secretary

Directors

Colin W. Brown
Gary L. Thomas
L. Taylor Ward, III