

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
07-06-2005 90032 032 ***150.00
FILED H99428

05 JUL 26 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K Eckel JUL 26 2005



06292005 Chg-P CR2E034 (10/03)

| | | | |
|---|---|---|---------------------------------|
| DOCUMENT # H99428 1. Entity Name ABACAB INTERNATIONAL COMPUTERS, INC. | | | |
| Principal Place of Business 1111 CR 427 N. SUITE 101 LONGWOOD, FL 32795 | | Mailing Address 1111 CR 427 N. SUITE 101 LONGWOOD, FL 32795 | |
| 2. Principal Place of Business 1111 N. RONALD REAGAN BLVD Suite, Apt. #, etc. SUITE 101 City & State LONGWOOD FL Zip 32750 | | 3. Mailing Address 1111 N. RONALD REAGAN BLVD Suite, Apt. #, etc. SUITE 101 City & State LONGWOOD FL Zip 32750 | |
| 4. FEI Number 59-2692397 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHASTANG, FERRELL, SIMMS & EISERMAN 1400 W. FAIRBANKS AVENUE SUITE 102 WINTER PARK, FL 32789 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> 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 _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WRIGHT, ALAN A 2656 SHAD LANE GENEVA, FL 32732 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP WALKER, KENNETH 375 PALM SPRINGS ROAD APT 904 ALTAMONTE SPRINGS, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 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: <u>Alan A Wright</u> | | ALAN WRIGHT | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: <u>7-1-05</u> Daytime Phone #: <u>407-834-1700</u> | |