

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


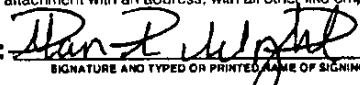
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FILED H99428

05 JUL 26 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K Ecker JUL 26 2005



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	
06292005		Chg-P CR2E034 (10/03)	
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 FL Zip Code	
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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP WALKER, KENNETH 375 PALM SPRINGS ROAD APT 904 ALTAMONTE SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		ALAN WRIGHT 7-1-05 407-834-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	