

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17410

Entity Name: ABS ASSOCIATES, INC.

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

1897 PALM BEACH LAKES BLVD.
219
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1897 PALM BEACH LAKES BLVD.
219
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-2677280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUYARD, MICHAEL
1806 MIDDLETON WAY
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

GUYARD, MICHAEL
1897 PALM BEACH LAKES BLVD #219
WEST PALM BEACH, FL 33409 US

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: MICHAEL GUYARD

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTs () Delete
Name: GUYARD, MICHAEL R
Address: 1806 MIDDLETON WAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GUYARD, MICHAEL R
Address: 1897 PALM BEACH LAKES BLVD #219
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V,D () Change (X) Addition
Name: CLAUDE, GUYARD
Address: 509 COCOPLUM DR S
City-St-Zip: JUPITER, FL 33458

Title: S,D () Change (X) Addition
Name: MARGARET, GUYARD
Address: 509 COCOPLUM DR S
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL GUYARD

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04/01/2005

Electronic Signature of Signing Officer or Director

Date