


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90032 002 \*\*\*\*50.00

|  |  |                                 |  |   |   |
|--|--|---------------------------------|--|---|---|
| <b>DOCUMENT # L05000112524</b><br>1. Entity Name<br><b>ABUNDANCE SERVICE, LLC</b>  |  |                                 |  |                                  |   |
| Principal Place of Business<br><b>14512 ASTINA WAY<br/>ORLANDO, FL 32837</b>   |  |                                 | Mailing Address<br><b>14512 ASTINA WAY<br/>ORLANDO, FL 32837</b> |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                        |   |   |
| City & State   |  |                                 | City & State   |   |   |
| Zip  |  | Country                         |  | Zip   |   |
| Country  |  | Country                         |  | 4. FEI Number<br><b>20-3821466</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |  | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><b>LAI, PO-CHOU<br/>14512 ASTINA WAY<br/>ORLANDO, FL 32837</b>  |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.  |  |                                 |  | \$5.00 Additional Fee Required  |   |
| SIGNATURE <i>X [Signature]</i><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |  |                                 |  | DATE  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                                 |  | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LAI, PO-CHOU<br>14512 ASTINA WAY<br>ORLANDO, FL 32837    | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>CHANG, CHIH-LIN<br>14512 ASTINA WAY<br>ORLANDO, FL 32837 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |                                 |  |   |   |
| <b>SIGNATURE:</b> <i>X [Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                 |  |   |   |
| Date   |  |                                 |  | Daytime Phone #   |   |

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04142006 Chg-LLC CR2E083 (11/05)