

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122861

Entity Name: ABC INNOVATIONS, LLC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

143 SW ULMAN AVE.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

265 SW PORT ST. LUCIE BLVD. #330
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 83-0444157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, JEFFREY A
265 SW PORT ST. LUCIE BLVD. #330
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: BURKE, SUZANNE
Address: 143 SW ULMER AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T () Delete
Name: BURKE, TERRY
Address: 20 GATO TERR.
City-St-Zip: MILLBURY, MA 01527

Title: S () Delete
Name: BURKE, SCOTT
Address: 35 BEACH STREET
City-St-Zip: MILLBURY, MA 01527

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JEFFREY A. BURKE

MGR

01/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date