2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# M17778

Entity Name: ABI COMPANIES, INC.

Current Principal Place of Business:

4301 ANCHOR PLAZA PKWY
SUITE 400
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

4301 ANCHOR PLAZA PKWY
SUITE 400
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-2556119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARTER, CRAIG R CFO
4301 ANCHOR PLAZA PKWY
SUITE 400
TAMPA, FL 33634 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WILKINS, WILLIAM	
Address:	4301 ANCHOR PLAZA PKWY STE 400	
City-St-Zip:	TAMPA, FL 33634	
Title:	DP	( ) Delete
Name:	BOOTH, WILLIAM H. III	
Address:	4301 ANCHOR PLAZA PKWY STE 400	
City-St-Zip:	TAMPA, FL 33634	
Title:	D	( ) Delete
Name:	LAUER, F. BRUCE	
Address:	4301 ANCHOR PLAZA PKWY STE 400	
City-St-Zip:	TAMPA, FL 33634	
Title:	SCFO	( ) Delete
Name:	HARTER, CRAIG R.	
Address:	4301 ANCHOR PLAZA PKWY STE 400	
City-St-Zip:	TAMPA, FL 33634	
Title:	D	( ) Delete
Name:	VARSAMES, LOUIS	
Address:	4301 ANCHOR PLAZA PKWY STE 400	
City-St-Zip:	TAMPA, FL 33634	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: WILLIAM H. BOOTH III CFO 03/29/2007

Electronic Signature of Signing Officer or Director — Date