## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M50882

City-St-Zip: NEW HARTFORD, CT

Entity Name: ABUNDANT ENERGY, INCORPORATED

FILED Jan 24, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
861 JUPITER PARK DR. STE G JUPITER, FL 33458			9136 MYSTIC COVE HOBE SOUND, FL 33455		
Current Mailing Address:			New Mailing Address:		
861 JUPITER PARK DR. STE G JUPITER, FL 33458			9136 MYSTIC COVE HOBE SOUND, FL 33455		
FEI Number	: 65-0005116	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
9136 MYS HOBE SO	OT, WILLIAM A TIC COVE TER UND, FL 3345	RR 5 US	numaca of changing its registers	d office or registered agent or both	
	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car		Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () HOYSRADT, WI 9136 MYSTIC C HOBE SOUND,	OVE TERR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VSD () HOYSRADT, TE 9136 MYSTIC C HOBE SOUND,	OVE TERR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () GALLAGHER, T 516 PROSPECT TORRINGTON,	r st	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MERTZ, JAMES 16 N. ASTOR, 3 IRVINGTON, NY	RD FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (X) D'AQUILLA, GAI 20 KNOLLWOO		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: TERESE M HOYSRADT VSD 01/24/2005