2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N02000002531

Entity Name: ABC THRIFT, INC.

Current Principal Place of Business:

222 N. FEDERAL HWY.
DANIA BEACH, FL 33004

New Principal Place of Business:

Current Mailing Address:

222 N. FEDERAL HWY.
DANIA BEACH, FL 33004

New Mailing Address:

FEI Number: 01-0631979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICKERSON, THOMAS
1826 N 24 AVE
HOLLYWOOOD, FL 33020 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	NICKERSON, THOMAS	
Address:	1826 N 24 AVE	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	VD	( ) Delete
Name:	STAFFORD, ANNE M	
Address:	4730 SW 29TH TERRACE	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	SD	( ) Delete
Name:	TRINKES, LINDA	
Address:	424 SE 3RD PL	
City-St-Zip:	DANIA BEACH, FL 33004	
Title:	TD	( ) Delete
Name:	RUPPRECHT, RAY	
Address:	1117 GEORGIA ST	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	NICKERSON, JODI	
Address:	3711 EAGLE AVE	
City-St-Zip:	KEY WSET, FL 33040	

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS NICKERSON PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date