

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011311

FILED
Jan 04, 2008
Secretary of State

Entity Name: ASSOCIATED BUSINESS CONNECTIONS, INC.

Current Principal Place of Business:

8895 N MILITARY TRAIL STE 201-C
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

8895 N MILITARY TRAIL STE 201-C
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-4047077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KITROSER, MITCHELL I ESQ
8895 N MILITARY TRAIL STE 201-C
PALM BEACH GARDENS, FL 33410 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: DP () Delete
Name: KITROSER, MITCHELL I
Address: 8895 N MILITARY TRAIL STE 201-C
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DS () Delete
Name: SLIMAK, JANET
Address: 11235 U.S. HWY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DT () Delete
Name: KENIGSBERG, MARK
Address: 9123 N. MILITARY TRAIL, #218
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: DVP () Delete
Name: VARIAN, ELIZABETH
Address: 745 US HIGHWAY 1, #105
City-St-Zip: NORTH PALM BEACH, FL 33408

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:

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: MITCHELL KITROSER

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date