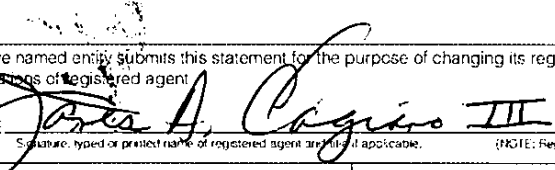
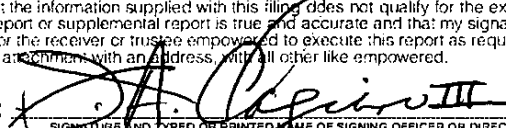


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90054 031 ***150.00

DOCUMENT # P00000009630 1. Entity Name ABB RETAIL, INC.					
Principal Place of Business 3628 HARDEN BLVD LAKELAND, FL 33803			Mailing Address 3628 HARDEN BLVD LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01182007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-3623904	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABBENZELLER, VIVIETTE P 7910 PIERCE HARWELL ROAD TAMPA, FL 33565				7. Name and Address of New Registered Agent Name JIM CAGIANO III Street Address (P.O. Box Number is Not Acceptable) 3628 HARDEN BLVD City LAKELAND FL Zip Code 33803	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: _____ Signature, typed or printed name of registered agent and if not applicable, (RGE): Registered Agent signature required when reappointing.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBENZELLER, VIVIETTE P 7910 PIERCE HARWELL ROAD TAMPA, FL 33565	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JIM CAGIANO 3628 HARDEN BLVD LAKELAND, FL 33803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an appointment with an address, with all other like empowered.					
SIGNATURE: 			03/21/07 954-931-5765		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		