2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

)	Sacrate	ary of Stat	Δ
DOCUMENT # P0000043392 1. Entity Name ABBY INTERNATIONAL, INC.		2 			Secreta	iry or Stat	
	YBROOK TRAIL 2	1136		: 5550 6360 5000 3700 680	N 1883 BARBA NYA 1118 BANTA		
D	O NOT WRITE II	CE	03302006 4. FEI Numb 59-364	No Chg-P	├	pplied For of Applicable dillonal	
	6. Name and Address of Current Regis	tered Agent	4				
BRYANT, JULIE 27138 HOLLYBROOK TRAIL WESLEY-CHAPEL, FL 33543-9136					NOT W	-	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. typed or privided name of registered agent and title it applicable. [NOTE: Registered Agent alignature required when reusating] GATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS L					
TITLE	PD BRYANT, DOUGLAS O						
STREET ADDRESS	27138 HOLLYBROOK TRAIL		1				
CITY-ST-ZIP	WESLEY CHAPEL, FL 335439138				ນາດວຼຽດ)544456 -80037-010 1	
TITLE	ST BRYANT, JULIE	-	1		U5/11/U5·	-80037-010 I	50.00
STREET ADDRESS							
CTTY-ST-ZIP	WESLEY CHAPEL, FL 335439136						
TITLE							
NAME STREET ADDRESS				~~	NOT	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP				DO	NOT W	HHE	
TITLE			1	IN '	THIS SE	PACE	
NAME PERFET ADDRESS			1	***	.,		
STREET ADDRESS			I				
nne		<u> </u>	†				
NAME							
STREET ADDRESS			1				
CITY-ST-ZIP			-1				
TITLE			1				
STREET ADDRESS			1				

12. I hereby certify that the information supplied with this filling does not quality 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OR SONING OFFICER OR DIRECTOR

428 OL 813-994-4760