2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# P00000079866

Entity Name: ABRC CORPORATION

Current Principal Place of Business:

6315 US HWY 441 SE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

6315 US HWY 441 SE
OKEECHOBEE, FL 34074

New Mailing Address:

FEI Number: 65-1034077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLIFFORD, DARCIE A
6275 US HWY 441 SE
OKEECHOBEE, FL 34974 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: D ( ) Delete
Name: CLIFFORD, BARRY R
Address: 6275 US HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP ( ) Delete
Name: MARKLEY, KENT
Address: 11611 DOGWOOD LANE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SEC ( ) Delete
Name: MYERS, TAMMY A
Address: 6275 US HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: TRES ( ) Delete
Name: RAY, BETTY A
Address: 9441 HWY 78 W
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: AS ( ) Change (X) Addition
Name: MARKLEY, TONI J
Address: 11611 DOGWOOD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: AS ( ) Change (X) Addition
Name: MCCRAY, NORMAN V
Address: 309 CENTRAL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

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

SIGNATURE: BARRY R. CLIFFORD D 02/25/2008

Electronic Signature of Signing Officer or Director — Date