


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000089297 1. Entity Name ABM LIMITED, INC.			
Principal Place of Business 1940 10TH AVE., SUITE C VERO BCH, FL 32960		Mailing Address 1940 10TH AVE., SUITE C VERO BCH, FL 32960	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 65-1047988	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOFF, TERRY 1940 10TH AVE., SUITE C VERO BCH, FL 32960		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000562620 05/19/06-80062-019 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	GOFF, TERRY		
STREET ADDRESS	1940 10TH AVE., SUITE C		
CITY-ST-ZIP	VERO BCH, FL 32960		
TITLE	P		
NAME	MCGARITY, CATHERINE G		
STREET ADDRESS	13022 CATHEDRAL AVENUE		
CITY-ST-ZIP	HAGERSTOWN, MD 21742		
TITLE	V		
NAME	MCGARITY, ALBERT P		
STREET ADDRESS	13022 CATHEDRAL AVENUE		
CITY-ST-ZIP	HAGERSTOWN, MD 21742		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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 attachment with an address, with all other like empowered.			
SIGNATURE: <u>CATHERINE MCGARITY</u> <u>CATHERINE MCGARITY</u> 5/1/06 301-223-1815 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			