


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000116167</b> 1. Entity Name ABT IP HOLDING, INC.	
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Principal Place of Business 120 BURRELL AVE KISSIMMEE, FL 34744	Mailing Address 120 BURRELL AVE KISSIMMEE, FL 34744
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3688365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  VON BEHREN, DEBBIE 120 BURRELL AVE KISSIMMEE, FL 34744	<b>DO NOT WRITE IN THIS SPACE</b>
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B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000097902 03/29/04-80019-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON BEHREN, DEBBIE 120 BURRELL AVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBA, DAVID 120 BURRELL AVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, JOHN 1000 WINDORLEY PL #147 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, RICK 20423 S.R. 7, STE 451 BOCA RATON, FL 33498
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 exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  David M. Alba	5/26/04	407 933-5204
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>