


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000106867</b> 1. Entity Name <b>ABUNDANT ENERGY STORES, INC.</b>	
---	---

Principal Place of Business <b>2131 NW 139 ST #23 MIAMI, FL 33054</b>	Mailing Address <b>2131 NW 139 ST #23 MIAMI, FL 33054</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1151743</b>	Applied For <input type="checkbox"/> 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  <b>E-CONSULTING INCORPORATED 16300 NE 19 AVENUE SUITE 215 NORTH MIAMI BEACH, FL 33162</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<b>05/05/08-80024-006 150.00</b>
---	---	----------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OSBORNE, VILMA 2131 NW 139 ST MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSBORNE, STANLEY 2131 NW 139 ST MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARRIS, RABIE 2131 NW 139 ST MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, MALIKA 2131 NW 139 ST MIAMI, FL 33054
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:** Vilma Osborne/Vilma OSBORNE **4-16-08** **305 685-0517**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #