
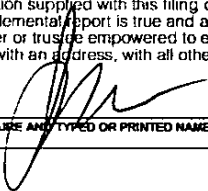


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 003 ***150.00

DOCUMENT # P02000000085 1. Entity Name AA-ABRA-KEY-DABRA LOCKSMITH SERVICES INC.																											
Principal Place of Business 1848 TUSCANY MILL WAY OCOE, FL 34761		Mailing Address 1848 TUSCANY MILL WAY OCOE, FL 34761																									
2. Principal Place of Business 22. W. Main St Suite, Apt. #, etc.		3. Mailing Address 22. W. Main St. Suite, Apt. #, etc.																									
City & State Apopka, FL		City & State Apopka, FL																									
Zip 32703		Zip 32703																									
Country Orange		Country Orange																									
4. FEI Number 81-0556975		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GAGE, JASON 1848 TUSCANY MILL WAY OCOE, FL 34761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 reissuing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
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																									
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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:  Jason D. Gage 4-16-06 4018176444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											