
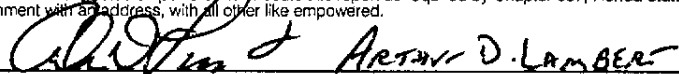


FILED
Mar 31, 2005 08:00 A
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000112018 1. Entity Name ABAQA CORPORATION			
Principal Place of Business 1680 FRUITVILLE RD THIRD FLOOR SARASOTA, FL 34236		Mailing Address 1680 FRUITVILLE RD THIRD FLOOR SARASOTA, FL 34236	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 74-3065070	
		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			
SIMKINS, RONALD T 1680 FRUITVILLE RD THIRD FLOOR SARASOTA, FL 34236		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	LAMBERT, ARTHUR D		
STREET ADDRESS	1595 BAY POINT DR		
CITY-STATE-ZIP	SARASOTA, FL 34236		
TITLE	D		
NAME	SIMKINS, RONALD T		
STREET ADDRESS	915 POMELO AVE		
CITY-STATE-ZIP	SARASOTA, FL 34236		
TITLE	D		
NAME	HERRMANN, JEFFREY A		
STREET ADDRESS	12713 FONTANA ST		
CITY-STATE-ZIP	LEAWOOD, KS 34236		
TITLE	D		
NAME	CAMPBELL, BRUCE E		
STREET ADDRESS	231 LEGENDARY CIR		
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33418		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		3/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	