

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROV.
AND
FILED

06 APR 29 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123984

1. Entity Name
BLUE ABACO ENTERPRISES, INC.



Principal Place of Business
1690 RAYMOND DIEHL RD
SUITE 4-A
TALLAHASSEE, FL 32308

Mailing Address
1690 RAYMOND DIEHL RD
SUITE 4-A
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04282006 Chg-P CR2E034 (11/05)

4. FEI Number 35-2188168	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLL, SUZANNE A
2925 BLUEFIELD LANE Bluefield
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME DOLL, SUZANNE S
STREET ADDRESS 1690 RAYMOND DIEHL RD SUITE 4-A
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V Delete
NAME MEGARY, SCOTT J
STREET ADDRESS 1690 RAYMOND DIEHL RD SUITE 4-A
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Suzanne Doll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (850) 422-1857

Date

Daytime Phone #

911