

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130749

FILED
Mar 04, 2009
Secretary of State

Entity Name: AMERICAN BUSINESS CONTINUITY DOMES, INC.

Current Principal Place of Business:

2500 NW 39 ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2500 NW 39 ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 42-1563400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FEDELE, PETER
2500 NW 39 ST.
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

FEDELE, JOHN
2500 NW 39 ST.
MIAMI, FL 33142 US

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.

SIGNATURE: JOHN FEDELE

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FEDELE, PETER
Address: 5800 SUNREST DRIVE
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: FEDELE, JOHN
Address: 1420 BRICKELL BAY DRIVE APT 1408
City-St-Zip: MIAMI, FL 33313

Title: D () Delete
Name: MAGUIRE, MARY F
Address: 828 OSCEOLA ST
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: FEDELE, KEN
Address: 1901 BRICKELL AVE B-1713
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FEDELE

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date