


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90022 011 \*\*\*150.00

<b>DOCUMENT # P02000134141</b> 1. Entity Name <b>ASSOCIATED BROKER SERVICES OF AMERICA, INC.</b>																							
Principal Place of Business <b>22707 EAGLES WATCH DRIVE LAND O LAKES, FL 34639</b>		Mailing Address <b>22707 EAGLES WATCH DRIVE LAND O LAKES, FL 34639</b>																					
2. Principal Place of Business <b>3324 Haystack Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>3324 Haystack Road</b> Suite, Apt. #, etc.																					
City & State <b>Wesley Chapel FL</b> Zip <b>33543</b>		City & State <b>Wesley Chapel FL</b> Zip <b>33543</b>																					
Country <b>PASCO</b>		Country <b>USA</b>																					
4. FEI Number <b>22-3887730</b>		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																					
6. Name and Address of Current Registered Agent  <b>GREEN, GAIL 22707 EAGLES WATCH DRIVE LAND O LAKES, FL 34639</b>		7. Name and Address of New Registered Agent Name <b>Gail Green</b> Street Address (P.O. Box Number is Not Acceptable) <b>3324 Haystack Road</b> City <b>Wesley Chapel</b> <b>FL</b> Zip Code <b>33543</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 <b>Gail Green</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																							
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE <b>PS</b>            NAME <b>GREEN, GAIL</b>            STREET ADDRESS <b>22707 EAGLES WATCH DRIVE</b>            CITY-ST-ZIP <b>LAND O LAKES, FL 34639</b> </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE <b>VT</b>            NAME <b>GREEN, KEITH</b>            STREET ADDRESS <b>22707 EAGLES WATCH DRIVE</b>            CITY-ST-ZIP <b>LAND O LAKES, FL 34639</b> </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> </table>		TITLE <b>PS</b> NAME <b>GREEN, GAIL</b> STREET ADDRESS <b>22707 EAGLES WATCH DRIVE</b> CITY-ST-ZIP <b>LAND O LAKES, FL 34639</b>	<input type="checkbox"/> Delete	TITLE <b>VT</b> NAME <b>GREEN, KEITH</b> STREET ADDRESS <b>22707 EAGLES WATCH DRIVE</b> CITY-ST-ZIP <b>LAND O LAKES, FL 34639</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE <b>PS</b>            NAME <b>Green, Gail</b>            STREET ADDRESS <b>3324 Haystack Rd.</b>            CITY-ST-ZIP <b>Wesley Chapel FL 33543</b> </td> <td style="width:50%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>		TITLE <b>PS</b> NAME <b>Green, Gail</b> STREET ADDRESS <b>3324 Haystack Rd.</b> CITY-ST-ZIP <b>Wesley Chapel FL 33543</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Gail Green</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/21/06</b> <small>Date</small>																					