

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000067383

Entity Name: FABS, INC.

FILED
Dec 20, 2006
Secretary of State**Current Principal Place of Business:**1280 OVIEDO MARKETPLACE BOULEVARD
OVIEDO, FL 32765**New Principal Place of Business:****Current Mailing Address:**1280 OVIEDO MARKETPLACE BOULEVARD
OVIEDO, FL 32765**New Mailing Address:**

FEI Number: 56-2315394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FOULKES, LINDSEY M
665 CITRUS AVENUE
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**GLENN, JULIE B
1280 OVIEDO MARKETPLACE BOULEVARD
OVIEDO, FL 32765 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: JULIE BROOME GLENN

12/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: FOULKES, LINDSEY M
Address: 665 CITRUS AVENUE
City-St-Zip: OVIEDO, FL 32765**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: GLENN, JULIE B
Address: 1280 OVIEDO MARKETPLACE BOULEVARD
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE BROOME GLENN

PRES

12/20/2006

Electronic Signature of Signing Officer or Director

Date