

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082802

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: ABRAHAM, MCDONALD & ASSOCIATES, IINC.

## Current Principal Place of Business:

4548 GOLF RIDGE DRIVE  
ELKTON, FL 32023

## New Principal Place of Business:

4548 GOLF RIDGE DRIVE  
ELKTON, FL 32033

## Current Mailing Address:

POB 1508  
ELKTON, FL 32023

## New Mailing Address:

P.O. DRAWER 1508  
ST AUGUSTINE, FL 32085

FEI Number: 36-4536070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEAKINS, ANTHONY D  
4548 GOLF RIDGE DRIVE  
ELKTON, FL 32023 US

## Name and Address of New Registered Agent:

DEAKINS, ANTHONY D  
4548 GOLF RIDGE DRIVE  
ELKTON, FL 32033 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:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEAKINS, SANDRA B  
Address: 4548 GOLF RIDGE DRIVE  
City-St-Zip: ELKTON, FL 32023

Title: D ( ) Delete  
Name: DEAKINS, ANTHONY D  
Address: 4548 GOLF RIDGE DRIVE  
City-St-Zip: ELKTON, FL 32033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: DEAKINS, SANDRA B  
Address: 4548 GOLF RIDGE DRIVE  
City-St-Zip: ELKTON, FL 32033

Title: DIR (X) Change ( ) Addition  
Name: DEAKINS, ANTHONY D  
Address: 4548 GOLF RIDGE DRIVE  
City-St-Zip: ELKTON, FL 32033

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: ANTHONY D DEAKINS

DIR

04/26/2007

Electronic Signature of Signing Officer or Director

Date