


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000091177 1. Entity Name AFFORDABLE BUSINESS SOLUTIONS, INC.	
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Principal Place of Business P.O. BOX 2131 PALM HARBOR, FL 34682 US	Mailing Address P.O. BOX 2131 PALM HARBOR, FL 34682 US
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0638897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURRAY, JAMES K 1786 MARSH WREN WAY PALM HARBOR, FL 34683
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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 _____ <small>* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, SANDRA L 1786 MARSH WREN WAY PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURRAY, JAMES K 1786 MARSH WREN WAY PALM HARBOR, FL 34683
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 05/16/07-80042-018 150.00

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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: <u>Sandra Murray</u> Pres. <u>4-27-07</u>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Sandra Murray		