


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90001 036 \*\*\*550.00

|  |                      |                                 |   |   |                                   |
|--|----------------------|---------------------------------|---|---|-----------------------------------|
| DOCUMENT # P03000140853  |                      |                                 |   |  |                                   |
| 1. Entity Name<br>ABELCRAFT INC.   |                      |                                 |   |   |                                   |
| Principal Place of Business<br>5400 PALM TREE ROAD<br>PLANTATION, FL 33317   |                      |                                 | Mailing Address<br>5400 PALM TREE ROAD<br>PLANTATION, FL 33317  |   |                                   |
| 2. Principal Place of Business   |                      |                                 | 3. Mailing Address  |   |                                   |
| Suite, Apt. #, etc.  |                      |                                 | Suite, Apt. #, etc.   |   |                                   |
| City & State   |                      |                                 | City & State  |   |                                   |
| Zip  |                      | Country                         | Zip   |   | Country                           |
| 6. Name and Address of Current Registered Agent  |                      |                                 |   | 7. Name and Address of New Registered Agent                                       |                                   |
| RHOOMES, DESMOND<br>5400 PALM TREE ROAD<br>PLANTATION, FL 33317  |                      |                                 |   | Name  |                                   |
|  |                      |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
|  |                      |                                 |   | City  |                                   |
|  |                      |                                 |   | FL  | Zip Code                          |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                      |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>  |                      |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |                                   |
| 10. OFFICERS AND DIRECTORS   |                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                                   |
| TITLE  | PD                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | RHOOMES, DESMOND     |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 5400 PALM TREE ROAD  |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | PLANTATION, FL 33317 |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  | VD                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | RHOOMES, JOY         |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 5400 PALM TREE ROAD  |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | PLANTATION, FL 33317 |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                      |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                      |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                      |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                      |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP   |   |                                   |
| 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: <i>Desmond Rhoomes</i>  |                      |                                 | 8-23-06 9545874365  |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                      |                                 | Date Daytime Phone #  |   |                                   |

00026415



07202006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0453182 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required