2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2007 08:00 AM **Secretary of State** DOCUMENT # P04000076357 1. Entity Name ABBIE PROPERTIES, INC. Principal Place of Business Mailing Address 3949 EVANS AVE 3949 EVANS AVE SUITE 403 SUITE 403 FT MYERS, FL 33901 FT MYERS, FL 33901 01082007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 50-0014590 Not Applicable \$8.75 Additional The state of the s 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REPSHER, LISA 3949 EVANS AVE **SUITE 403** IN THIS SPACE FT MYERS, FL 33901 The state of the s 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME REPSHER, LISA 3949 EVANS AVE 403 STREET ADDRESS 0000000000 CITY-ST-ZIP FT MYERS, FL 33901 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 act "loss" with all other like empowered.

ITED NAME OF BUSINING OFFICER OR DIRECTOR

FILED