2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005
Secretary of State

DOCUMENT# P04000132003

Entity Name: CHRISTINE ABRAMS INCORPORATED

Current Principal Place of Business:

959 MAPLE FOREST DR.
ORLANDO, FL 32825

New Principal Place of Business:

1112 PEACHTREE ST
COCOA, FL 32922

Current Mailing Address:

959 MAPLE FOREST DR.
ORLANDO, FL 32825

New Mailing Address:

PO BOX 237741
COCOA, FL 32923

FEI Number: 20-1971716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ABRAMS, CHRISTINE
959 MAPLE FOREST DR.
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

ABRAMS, CHRISTINE
PO BOX 237741
COCOA, FL 32923 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: _____ 03/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABRAMS, CHRISTINE D
Address: 959 MAPLE FOREST DR.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ABRAMS, CHRISTINE D
Address: PO BOX 237741
City-St-Zip: COCOA, FL 32923

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINE D. ABRAMS PRES 03/25/2005
Electronic Signature of Signing Officer or Director — Date