


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 18, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P04000163672</b> 1. Entity Name ABITAR, INC.	
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Principal Place of Business 1751 MOUND STREET SARASOTA, FL 34236	Mailing Address 1751 MOUND STREET SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1946679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PARKER, THEODORE ESQ 2033 MAIN STREET SUITE 100 SARASOTA, FL 34237
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, BRUCE E 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWN, ROBERT M 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, JAVIER 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUK, RALPH E 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISTER, SHELLEY 149 COCOANUT AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000714715 04/27/07-80034-009 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Shelley R. Lister, 4/11/07 (941) 955-5940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #