

2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 07, 2008 08:00 A Secretary of State DOCUMENT # P05000104812 1. Entity Name A PLUS ABSTRACT INC. Principal Place of Business Mailing Address 1 SE 3RD AVE STE 2920 1 SE 3RD AVE STE 2920 MIAMI, FL 33131 MIAMI, FL 33131 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3215189 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE ACCETTA, ANTHONY 1 SE 3RD AVE STE 2920 MIAMI, FL 33131 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TILLE ACCETTA, ANTHONY NAME % 1 SE 3RD AVE STE 2920 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP TITLE ANCONA, PETER NAME % 1 SE 3RD AVE STE 2920 STREET ADDRESS U00000775010 CITY-ST-ZIP MIAMI, FL 33131 01/08/08-80013-008 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information spoplied 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 poort's 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 trusted an powered 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 about a with all other like empowered.

SIGNATURE: .

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED C UNTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED