2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134601

Entity Name: ABOUND NET, INC.

FILED Feb 14, 2006 Secretary of State

	ipai Piace	of Business:	New Principal Place of	New Principal Place of Business:	
20847 NE 32N AVENTURA, F		US	18851 NE 29 AVENUE SUITE 1011 AVENTURA, FL 33180	US	
Current Mailir	ng Addres:	s:	New Mailing Address:		
20847 NE 32N AVENTURA, F		US			
FEI Number: 20-3	3572115	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
RAMOS, MARO 20847 NE 32N AVENTURA, F	D AVE L 33180	US	numaco of abanging its registered	office or registered agent, or both	
in the State of F	florida.	upmits this statement for the	purpose of changing its registered	office of registered agent, or both,	
SIGNATURE:					
	Electron	ic Signature of Registered Aç	gent	Date	
Election Campaig		ic Signature of Registered Ac	gent	Date	
Election Campaiç	gn Financing	Trust Fund Contribution ().		Date S TO OFFICERS AND DIRECTOR	
OFFICERS AN Title: PS Name: RA Address: 208	gn Financing	Trust Fund Contribution (). FORS: Delete ELO M AVE.	ADDITIONS/CHANGES		
OFFICERS AN Title: PS Name: RA Address: 208 City-St-Zip: AV Title: VP Name: RA Address: 208	gn Financing ND DIRECT T () MOS, MARCI 847 NE 32ND ENTURA, FL	Trust Fund Contribution (). FORS: Delete ELO M AVE. 33180 US Delete A L AVE.	ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTOR	
OFFICERS AN Title: PS Name: RA Address: 208 City-St-Zip: AV Title: VP Name: RA Address: 208 City-St-Zip: AV Title: VP Name: BA Address: RU	gn Financing ND DIRECT T () MOS, MARCI 847 NE 32ND ENTURA, FL () MOS, FLAVIA 847 NE 32ND ENTURA, FL () RROS, LUIS IA DESENHIS	Trust Fund Contribution (). FORS: Delete ELO M AVE. 33180 US Delete A L AVE. 33180 US Delete	ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTOR) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCELO M. RAMOS PST 02/14/2006

LANNES, ANTONIO TADEU L

MINNETONKA, MN 55343 US

5511 BUTTERNUT CIRCLE

Name:

Address:

City-St-Zip: