

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094565

FILED
Mar 15, 2007
Secretary of State

Entity Name: ABINY MANAGEMENT SERVICES INC.

Current Principal Place of Business:

103 WOODLAKE CIRCLE
GREENACRES, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 22548
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 20-5224141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHILLIP, CASSIUS F P
103 WOODLAKE CIRCLE
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHILLIP, CASSIUS F
Address: 103 WOODLAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463 US

Title: VP () Delete
Name: NICHOLAS-PHILLIP, GAIL L
Address: 103 WOODLAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT () Change (X) Addition
Name: FELDER, LINDA
Address: 4375 WALDEN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Change (X) Addition
Name: PHILLIP, PAMELA
Address: 103 WOODLAKE CIRCLE
City-St-Zip: GREEN ACRES, FL 33463

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.

SIGNATURE: CASSIUS PHILLIP

PRES

03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date