## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000058647

1715 SUNDANCE DR

RESTON, VA 20194

Address:

City-St-Zip:

FILED Jan 13, 2009 Secretary of State

Entity Name: ABIK, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	V. 42ND DRIVI PRINGS, FL 3				
Current Mailing Address:			New Mailing Address:		
	V. 42ND DRIVI PRINGS, FL 3				
FEI Number:	: 45-0562717	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BONNER, AMOS 10380 N.W. 42ND DRIVE CORAL SPRINGS, FL 33065 US			BONNER, AMOS S 10380 N.W. 42ND DRI' CORAL SPRINGS, FL		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: AMOS S. BONNER				01/13/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( BONNER, AMO 10380 N.W. 42 CORAL SPRIN	ND DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S,T ( BONNER, BES 10380 N.W. 42 CORAL SPRIN	ND DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BM ( ROBERTS, IRN 8950 NW 45TH CORAL SPRIN	I CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	BM ( BONNER, KIMI	) Delete BERLY M	Title: Name:	()Change ()Addition	

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

Address:

City-St-Zip:

SIGNATURE: AMOS S. BONNER Ρ 01/13/2009