

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000000959

FILED
Mar 19, 2008
Secretary of State

Entity Name: ABR MANAGEMENT OF DAYTONA, INC.

Current Principal Place of Business:

1260 NORTH ATLANTIC AVE.
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

C/O MARSHA MADORSKY
100 SE 2ND STREET SUITE 4000
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-3149907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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: PD () Delete
Name: CORRIGAN, JAMES
Address: 5665 ISLAND PARK DRIVE
City-St-Zip: MANOTICK ONTARIO, CA

Title: TS () Delete
Name: MADORSKY, MARSHA G
Address: 100 SE 2ND STREET SUITE 4000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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.

SIGNATURE: JAMES CORRIGAN

PD

03/19/2008

Electronic Signature of Signing Officer or Director

_____ Date