

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004828

FILED
Jan 26, 2006
Secretary of State

Entity Name: ABS SUPPORT SERVICES, INC.

Current Principal Place of Business:

10335 CARROLLWOOD LANE
STE. 114
TAMPA, FL 33618 US

New Principal Place of Business:

814 W. LINEBAUGH AVE
STE. 201C
TAMPA, FL 33612 US

Current Mailing Address:

P.O. BOX 273748
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-3370288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, ANITA M
10335 CARROLLWOOD LANE
STE. 114
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

OLSON, ANITA M
814 W. LINEBAUGH AVE.
STE. 201C
TAMPA, FL 33612 US

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

01/26/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTDC () Delete
Name: OLSON, ANITA M
Address: 10335 CARROLLWOOD LANE STE. 114
City-St-Zip: TAMPA, FL 33618 US

Title: 1VP () Delete
Name: MCCOY, DEBORAH A
Address: 5212 CAREY ROAD
City-St-Zip: TAAMPA, FL 33624 US

Title: 2VP () Delete
Name: GUERRA-BURKHARD, NANCY L
Address: 13802 CANDIDATE PLACE
City-St-Zip: TAMPA, FL 33613 US

Title: S () Delete
Name: MCCOY, JAMES R
Address: 5212 CAREY ROAD
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDC (X) Change () Addition
Name: OLSON, ANITA M
Address: 814 W. LINEBAUGH AVE. STE. 201C
City-St-Zip: TAMPA, FL 33612 US

Title: 1VP (X) Change () Addition
Name: MCCOY, DEBORAH A
Address: 5212 CAREY ROAD
City-St-Zip: TAMPA, FL 33624 US

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 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: ANITA M OLSON

Electronic Signature of Signing Officer or Director

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01/26/2006

Date