2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2005 8:00 am Secretary of State DOCUMENT # P97000041261 1. Entity Name 05-02-2005 90389 007 ***150.00 ABBACUS ALLIANCE, INC. Principal Place of Business Mailing Address 2801 AIRPORT ROAD P.O. BOX 1498 14012544 SEBRING FL 33870 SEBRING FL 33871-1498 2. Principal Place of Business 3. Mailing Address 4790 Kenil Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0753339 Not Applicable solveing Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMER SARAH RAMER, SARAH JEAN Street Address (P.O. Box Number is Not Acceptable) 4790 Kenilwo: th Blud 2801 AIRPORT RD SEBRING FL 33870 City Sebring Zip Code 33870 8. The above named entity submits this statement for the purpose of changing its registered office or registered event, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DID NOT CHANGE REGISTERED AGENT FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition Delete ☐ Change SARAH JEAN RAMER 4790 Kenilworth Blud RAMER, SARAH JEAN NAME NAME 2801 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-7IP Sabring, FL 33870 Change TITLE ☐ Detete TITLE ☐ Addition Rothchilde, Raegan R 4790 Kenilworth Blud ROTHCHILDE, RAEGAN R NAME STREET ADDRESS 2801 AIRPORT RD STREET ADDRESS CITY-ST-7IP SEBRING FL 33870 CITY-ST-7IP bring, FL 33870 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

863-385-0541

SARAH JEAN RAMER 4/26/05