2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067468

Entity Name: F.A.B.I., INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5232 TOWER DR. CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

28000 SPANISH WELLS BLVD.

BONITA SPRINGS, FL 34135 US

3665 BONITA BEACH RD
STE. 3

BONITA SPRINGS, FL 34134 US

FEI Number: 65-0788833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLURE ACCOUNTING, LLC
28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135 US

ALLURE ACCOUNTING, LLC
3665 BONITA BEACH RD
STE. 3
BONITA SPRINGS. FL 34134 US

The above named entity submits this statement for the numero of changing its registered office or registere

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: 04/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DT (X) Change () Addition Name: GALLER, REINER Name: GALLER, REINER

Address: 5232 TOWER DR. Address: 5232 TOWER DR.
City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete Title: () Change () Addition
Name: GALLER FABIAN Name:

 Name:
 GALLER, FABIAN
 Name:

 Address:
 5232 TOWER DR.
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

Title: VP () Delete Title: PVS (X) Change () Addition

 Name:
 LANG, HEIKE
 Name:
 LANG, HEIKE

 Address:
 5232 TOWER DR
 Address:
 5232 TOWER DR

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

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: HEIKE LAND PVS 04/24/2006