
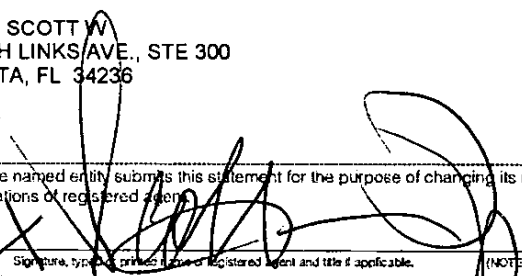
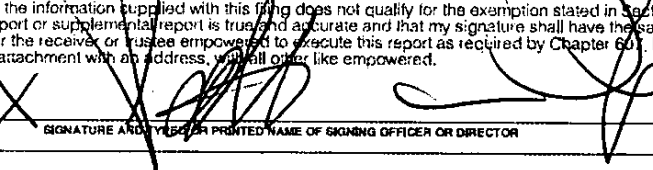


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90043 040 ***150.00

DOCUMENT # P98000095971 1. Entity Name AB COLLECTION, INC.					
Principal Place of Business 22 SOUTH LINKS AVE., STE 300 SARASOTA, FL 34236			Mailing Address P.O. BOX 3948 SARASOTA, FL 34230-3948		
2. Principal Place of Business 1990 Main Street Suite, Apt. #, etc. Suite 700			3. Mailing Address Suite, Apt. #, etc. 		
City & State Sarasota, FL			City & State 		
Zip 34236		Country USA		4. FEI Number 65-0880019	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUNLAP, SCOTT W 22 SOUTH LINKS AVE., STE 300 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Scott W. Dunlap Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite 700 City Sarasota, FL	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JOHN A 22 SOUTH LINKS AVE., STE 300 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John A. Moran 1990 Main Street, Suite 700 Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, SCOTT W 22 SOUTH LINKS AVE., STE 300 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott W. Dunlap 1990 Main Street, Suite 700 Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 					
SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

50032261



03012005 Chg-P CR2E034 (10/03)

**\$8.75 Additional -
Fee Required**