2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P98000100904 1. Entity Name ABACUS SOLUTIONS GROUP, INC. Principal Place of Business Mailing Address 874 GRAND SAYAN LOOP 874 GRAND SAYAN LOOP APOPKA, FL 32712 US APOPKA, FL 32712 No Chg-P CR2E034 (11/05) 04112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3544806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DELZINGARO, CELESTE M DO NOT WRITE 874 GRAND SAYAN LOOP APOPKA, FL 32712 IN THIS SPACE 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_ Signature, typed or printed name of registered egent and title if applicable. (NOTE: Recistered Agent signature tequired when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE DELZINGARO, CELESTE M MAME STREET ADDRESS 874 GRAND SAYAN LOOP UUUUUU511609 CITY-ST-ZP APOPKA, FL 32712 Ú4/29/06-80056-013 150.00 TITLE MARKE STREET ADDRESS CITY-\$1-20P TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-81-70P TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this living does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information don'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 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 is changed, or on an atterprenent with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
GRY-ST-ZIP

COLUMNIZAMO TOPEO OR PRINTED HABIE OF STORING OFFICER OR DIRECTOR

4/11/06

<u> 407-814-813.</u>

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